MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11545

CERTIFICATE OF DEATH 11555

1. PLACE OF DEATH		2. USUA	L RESIDENC	E (HOME) OF D	ECEASED)	
COUNTY Balto.	MARYL	AND STATE	Md.	COUNTY	Belt	.0.	
CITY (If outside corporate limits, well OR and give neerest town)	RURAL LENGTH OF	F STAY CITY	(If outside corpora	le limits, write RURAL			
52 TOWN Catonsvil	10 (in this pl	TOWN	Jator	sville			473
HOSPITAL OR		STREET			ive location)		
INSTITUTION OR STREET ADDRESS 404 .a.v.	eland Ave.	ADDRES	404	aveland	ave.		- 1
3. NAME OF (First)	(Middle)	(Lost)		4. DATE (Me	enth)	(Day)	(Year)
(Type or Print) Amel	ia	Alasha		OF DEATH T	Dec. 2	0	19 55
S. SEX 6. COLOR OR	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9.	AGE last birthday	IF UNDER		UNDER 24 H
RACE	WIDOWED, DIVORCED, (Specify) pried	June 16,18	07	58 yrs.	Months	Deys	Hours Min
10e, USUAL OCCUPATION (Give kind of v	work 10b. KIND OF BUSINESS		E (State or foreign		1 12	CITIZEN	OF WHAT
done during most of working life, every retired OUSSWITE			Italy		""	COUNTR	Y? ,
13. FATHER'S NAME	Howe	I 14 MOTE	TER'S MAIDEN NA	ME		U #	w . 22 .
	Ο	15, 3,017					
15. WAS DECEASED EVER IN U. S. ARMI	Oananata ED FORCES? I 16. SOCIAL SECI	IBITY NO.		. Known			
(Yes, no, or unk.) (If Yes, give wer or de			IFORMANT & AD				
		DICAL CERTIFICATION		lasha 40	14 JEZ	rel'n	d ave
DISEASES OR CONDITIONS, IF ANY,	(B) ARTER	eselenot	ie Co	HILLIONS	15241-	2	tra
STATING UNDERLYING CAUSE LAST,	OUE TO AR DIS	£43-	100				
11 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING						
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DEA							
The state of the s	. MAJOR FINDINGS OF OPERATION	1				20.	AUTOPSY?
						YES	NO [
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, fectory OF INJURY street, office bldg., etc.	.)	INJURY OCCUR?	(City or town)	(Count	lyl	(Stete)
21d. TIME OF INJURY (Month) (Day)		PRRED 21f. HOW DID	INJURY OCCUR?		n		, 11.
22. I hereby certify that I at	tended the deceased from	Jan 195#	10 /Z	120 105	that I	last saw	he deces
	and that death						400003
SIGNATURE () ()		ADDR	SS (Street, city, to	vn, stata)		TE SIGNE
I Mar ? 14	unh	M.D.3 629 E.	lmond	ONAU	Dalt	• 13	155/
23. BURIAL, CREMATION, DAT	E THEREOF NAME OF	CEMETERY OR CREMATORY		LOCATION (City, tow	rn, or county)		(State)
	C-oA-EE Ost	heiral Cem.		Balto.	564		
	STRAR'S SIGNATURE		L DIRECTOR'S SI			ADDRESS	
DECOOME	11-62	I	1 7	0 44	-1.0	7	-11

CERTIFICATE OF DEATH

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BUREAU V. S.

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The life and passed or house a service place in \$2.

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

REGISTRAR

MARGIN RESERVED FOR BINDING

A15-

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	:		
COUNTY Baltimore MARYLAND STATE Mile COUNTY Balti				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	Y CITYIIf outside corporate limits, write RURAL as			
Catons ville Nd.	TOWN Baltimore City	3101-4		
HOSPITAL OR INSTITUTION OR Paradise & Altamont Aves.	STREET (Tural give location)	1		
Paradisa Nurs 12g Hora	2018 Boarmin Aronno			
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (DOF DEATH: DOG 17.	laý) (Year) 1955 19		
RACE: WIDOWED, DIVORCED,	E O5 BIRTH: 9. AGE last birthday IF UNDER 1 YE Months Di	EAR IF UNDER 24 HRS.		
TOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	17. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF MUNAT		
work done during most of working life. or industry: even if retired);	Beltimore, Waryland	COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William H. Miller	Ide Virginia Ashlook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service)	George W. Mitchell 5602 Wagme	Arro.		
18. MEDICAL CERTIFICA		INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	* / *	ONSET AND DEATH		
IMMEDIATE CAUSE (A) UNO CANA	140 tz. 00	21. 1		
	tax accura	20 N/4		
ANTECEDENT CAUSE (8)	0 4 10- 000			
DISEASES OR CONDITIONS, IF ANY, (B)	<u> </u>			
STATING UNDERLYING CAUSE LAST.	0	3		
(C) ARlenes St	Vennera con Cenas	Dukana.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	.10			
DISEASE OR CONDITION CAUSING DEATH.				
198. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSYT		
21A. ACCIDENT WAS UNDERLYING - 21s. PLACE (Home, farm, fs OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (County	y) (State)		
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?			
	at 2 A M, from the causes and on the date s	stated above. E SIGNED		
Burial Dec. 13, 1955 Loudon Par	k Cometery Baltimore, Maryle	bra		

STATE OF THE PARTY * NIZZIMESEAD with the rest of the second section of the section of the second section of the section -1-1 .E. .E. desperie con ALPERT CONTRACTOR p I with the THE REAL PROPERTY. THE RESERVE OF STATE OF STATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 43

	TO CHILL	ILICALIA	OF DI	7/1 I I I	10
1. PLACE OF DEATH:	2	. USUAL RESIDENCE	(HOME) OF DE	CEASED	11
COUNTY BALTIMORE	MARYLAND	STATE /M	COUNTY	130	115
CITY (If outside corporate limits, write RURAL OR and give pearest town)	LENGTH OF STAY (in this place)	CITY (If outside co	porate limits writ	RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2/00 Euslew B	last.	STREET ADDRESS	steer /	give location)	one 20
3. NAME OF (First) (Mic DECEASED: (Type or Print) ELMER O	Λ	DERSON	4. DATE (M OF DEATH	onth) (Day)	(Year) - 19 55
5. SEX: 6. COLOB OR 7. SINGLE, MAINTENANCE WIDOWED, D. (Specify):	WORCED, 8. DATE	OF BIRTH: 9. A	GE last birthday 52. yrs	Months Da	BAR IF UNDER 24 HRS. ys Hours Min.
	OUSTRY:	11. BIRTHPLACE	State or foreign		COUNTRY A
13. FATHER'S NAME:	1	14. MOTHER'S MATOE	N NAME:		
15. Was Deceased Ever In U.S. Armed Forces? 16. Soc. (Yes, no, or unk.) (If Yes, give war or dates of service)	16-1087 J	Oriole Pace	king Go c	me. 13	alto 24 mg
Inmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last	MYOCA	. /	CLEROS		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DEATH	HE				
19a. DATE OF OPERATION: 19b. MAJOR FINDING					20. AUTOPSY?
	(Home, farm, factory, treet, office bldg., etc.,	21c. (City or town)	(Cou	nty)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJ OF INJURY M. While work		21f. HOW DID INJU	JRY OCCUR?		
22. I hereby certify that I took charge of the find that death resulted from: Natural SIGNATURE		nt [], Suicide [], CHIEF M DEPUTY		Undeter	
REMOVAL (Specific): 5/4/56	And of CEMETERY	morcal fact	LOCATION (CIA	Lown, or con	44.
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT	URE	24. FUNERAL DIREC	TOR	25 4	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The source MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

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ATTENDING PHYSICIAN OR HOSPITAL: The Liw requires that the death certificate be NSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11558

MA	RYLAND STATE DEPARTMEN	T OF HEALTH-BALTIMORE,	18 11548
1155	8 CERTIFICATE		Reg. Dist. No. 30
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF	DECEASED
COUNTY Galtran	MARYLAND	STATE Manland COUNTY	,
CITY (If outside corporete limits, w	ite RURAL LENGTH OF STAY	CITY (If outside procede limits, write RURAL	
OR end give nearest town	7.8 (in this place)	TOWN Baltimore	I SWALL
HOSPITAL OR	2	STREET (If rural)	give location)
INSTITUTION OR STREET ADDRESS	Sime Hospital	ADDRESS 159 Lanvale	5-
3. NAME OF (First) DECEASED (Type or Print) Relia	Mrederick &	VDER SON 4. DATE (MOSE)	onth) (Dey) (Ysar) 12 14 1955
S. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mi
10e. USUAL OCCUPATION (Give kind of done during most of working life, erelired) Investment	van it OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country) IOWA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ndena	14. MOTHER'S MAIDEN NAME Helen Von he	tre
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. 5. ARI (Yes, no, or unk.) (If Yas, give war or Yes 1904-1921		17. INFORMANT & ADDRESS Spring from Hospil	tal Records
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS DIRECTLY ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE CAUSE	LEADING TO DEATH (A) DUE TO (B) DUE TO	onia	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE BOOM OF ORD	tensolesonis	
19a. DATE OF OPERATION 15	b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO X
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Homa, ferm, factory, OF INJURY streat, office bldg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day)	(Yaar) (Hour) 21s. INJURY OCCURRED White Not white at work	21f. HOW DID INJURY OCCUR?	
alive on 2.44	19.55, and that death occurred at	195 To 12 1 19 To	date stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	TE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, to	
24. REC'D BY REGISTRAR REG	1-621	National Catonsvil 2s. FUNERAL DIRECTOR'S SIGNATURE	
DATE VEC-15,1952	V. C. Narry	John O. Mitchell & Sons	Inc., 1900 Eutaw

PERSON CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11559 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PASSAGE MARYLAND	STATE and, COUNTY
COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neatest town)
OR end give marget town) , (in this plece)	OR
X TOWN WHITE MARSH 3 4RS	TOWN While MARSh X
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR H. P. TAYLOR PRIVATE HOME	ADDRESS MARCH MAR
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Louis S. It	miger DEATH DEC. 2 195
	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 I
RACE WIDOWED, DIVORCED, (Specify)	7 1 1869 86 yrs. 9 11 Hours M
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
retired TRUCKER BYONKA	A.H. COUNTY IND.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EPPAIR & PRMICER	SARAH HARRISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. AFORMANT & ADDRESS
(Yes, ng, or unk.) (If Yes, give weeker detes of service)	Land of the Devilor of
NONE	BOMAN ENTINIONES
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
6	occlusion 24 hrs
120. I IMMEDIATE CAUSE (A) COPONBRY	066103184 24910
DISEASES OR CONDITIONS IF ANY IN AVTERIOSE LET	otic Candio-Vascular
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	BILE CEUSIO SANTERNIA
STATING UNDERLYING CAUSE LAST, DUE TO	Disease
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1)	· YES NO
	tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
	21E. HOW DID INJURY OCCUR?
M. et work et work	
	LATE REPRESE
22. I hereby certify that I attended the deceased from	26. 27.
alive on OEC 19.55 and that death occurred at.	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGN
William a. 14000 M.D.	Kingcuille Md 12-3-5.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stele)
BUNIAL The 5/95 Quaker B	Also Hailwille not
	and orchesing I were parte, it of &
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE LO DE Walter Hannett	Freder Jale 1913W Ballo. 4

A is

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the registrar within 72 hours after death. A in by the funeral director, the third copy

after death.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours. FUNERAL DIRECTOR: The Law of the death certificate be executed within 24 hours. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. MARYLAND STATE BETAT MEN OF MALTH-BALLYINGES, IS

MARKETTE STANKE HAVE THE STANKE TO LESS

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personal attendance the



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ADDRESS

11580 CERTIFICAT.	E OF DEATH Reg. Dist. No.	*** ,*				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	39				
COUNTY Ballimere MARYLAND	STATE Maryland COUNTY					
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give	nearest town				
TOWN Catons ville 5 yrs.	TOWN Baltimore	2.7				
HOSPITAL OR	STREET (If rural give location)	- ,				
1 STREET ADDRESS Caton Ridge Nursing Home	ADDRESS	3/				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)				
OECEASED: (Type or Print) / Ruth Sullivan A	rthur Dec. 26	1955				
	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF					
	20, 1866 89 yrs Months Days H					
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZE	N OF WHAT				
even if retired); at home	Mt. Pleasant, Iowa					
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
Michael Frederick Sullivan	Catherine Fagan					
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS;					
(Yes/ no, or unk.) (If Yes, give war or dates of service) None	Margaret Arthur O'Connor - 3417 To	amer				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAO IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Shorbosis 13	hs .				
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON.					
Land of Grand of Grand	20. YE6	AUTOPSY7				
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Pull	The 1045 to 100 24 1053 that I lead saw i	(10 CA 1) - 1 T 1 - 1				
alive on 194, 195, and that death occurred at	ADDRESS DATE SIGN	NED				
		127/20				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	FERY OR CREMATORY LOCATION (City, town, or county) (State				

SIGNATURE

MARGIN RESERVED FOR BINDING

UNFADING INK.

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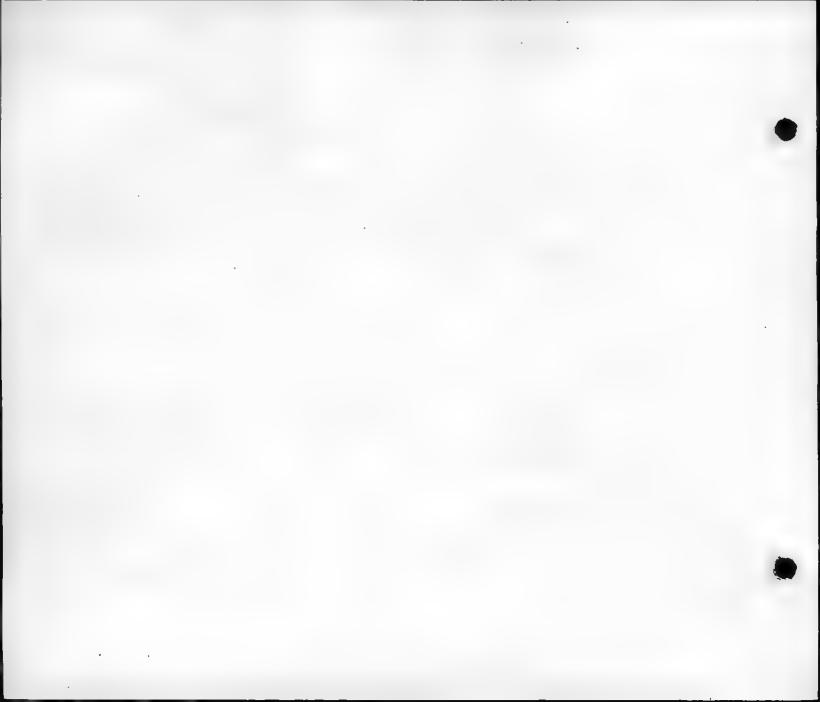
OR WRITE PLAINLY,

TYPE

PLEASE

DATE REC'D BY LOCAL REGISTRAR

Supply every item of information carefully. The



the registrar within 72 hours after death, After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11551 CERTIFICATE OF DEATH

11551

1. PLACE O	1. PLACE OF DEATH					2. USUAL RESIDENCE (HOME) OF DECEASED					
county Baltimore MARYLAND					STATE Ma:	rylan	d COUNTY	Talbo	t		
CITY (If out	tside corporete limits, wr live necrost town)	ite RURAL		LENGTH C		CITY (If outs	ide corpora	to fimits, write RURAL o	and give nee	rest town)	
X, TOWN """	Fort Howa	ırd		112 D		TOWN MC	Danie	1			7"
HOSPITAL O	R					STREET		(If rure) gi	ve location)		
STREET ADDR	uess Veterans	Admin	istra	tion H	ospital	ADDRESS					V
3. NAME OF			()	Middle}		(Lest)		4. DATE [Mo	nth)	(Dey)	(Year)
DECEASE (Type or Print)]	D.		BAILEY		DEATH De	cembe	r 9,	19 55
S. SEX	6. COLOR OR RACE	7. SINC	OWED, DIV	D, ORCED	8. DATE C	OF BIRTH	9.	AGE lest birthday		1 YEAR	IF UNDER 24 HRS.
Male	Colored	(Spe	city) Mar	ried	12-18	-87	6	7 yrs.	Months	Days	Hours Min.
	UPATION (Give kind of most of working life, e	work	10b. KINI	D OF BUSINES	ss	11. BIRTHPLACE (Stat	la or foreig:	country)	1:		N OF WHAT
retired) Wa	terman	ven it		ng Oys		Bozm	an. N	laryland		U. S	
13. FATHER'S NA						14. MOTHER'S /					
John B	ailey, Sr.					Margaret	Ches	ter			
15. WAS DECEA	SED EVER IN U.S. ARA			SOCIAL SEC	CURITY NO.	17. INFORM	ANT & AD	DRESS			
Yes ho, or unk.) Yes	Yes, give war or o	letes of servi	ice) 2	18-12-	1731	Clin.R	ec.V	et.Adm.Hos	p. Ft	.Howa	ard, Md.
	CONDITIONS DIRECTLY	1 F A DINIG T	O DEATH	10, ME	DICAL CE	RTIFICATION				INTE	RVAL BETWEEN
1 DISEASES OR	CONDITIONS DIRECTLY	LEADING I		TACTOR	TODIIT AD	PNEUMONIA				UNKNOWN	
M FF E	MEDIATE CAUSE	(A) .	באדר דר כד	T THE CASE	TODUTAL	TABOMONIA	1.			OME	1404474
ANT		OTCHIO	RMACT	ATTON	SECONDA	RY TO COME	PI ETE	GASTRECTOR	4V		
GIVING RISE TO	ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST.	(a) (a)	(EOB	CARCEN	OUL OF	STOWARD)	<u> دیار دید.</u>	GROTIUS TO	-	1 Y	EVD
STATING UNDER	LYING CAUSE LAST.	(C)	* (T. OTC	OMILOTIV	OME OF	STORAGIT)			± ±	CALL	
	CANT CONDITIONS CO		2								
DISEASE OR CO	ONDITION CAUSING DE	ATH									
190. DATE OF OF THE NEW YORK TH	6.1			OF OPERATIO							NO [
	WAS UNDERLYING	Sopnas I 216. Pi	Ogast	rectom , farm, fector	y and c	plenectomy	r RY OCCUR I	(City or town)	(Cou		(State)
OR CONTRIBUTING	CAUSE OF DEATH	OF INJU	RY street, o	ffice bldg., at							
21d. TIME OF INJ	URY (Month) (Day)	(Yeer) (H	our) 21e. While	INJURY OCC	URRED of while	2H. HOW DID INJUR	Y OCCUR				
		*	M. at wo	ork L at	work 🔲						
22. I hereb	y certify that X a	Hended I	he decea	sed from	Aug. 1	9, 19 55, to	Dec	<u>9</u>	, X 06K1	XDGCXGX	2XII 2XII 2XII 2XII 2XII 2XII 2XII 2XII
	000000000000000000000000000000000000000	igaaga	Dread	that death	occurred a	4:10P.M, from	m the ca	uses and on the	date state		
SIGNATE	DRE COMME	" (L	7/1/1	3/10				ESS (Straet, city, toy			DATE SIGNED
Donald I	D. Mark, M.	Ď.	I VICE	4	M.D. VA	H. FORT HOL	WARD,	MARYLAND		12-1	(Stata)
23. BURIAL, CRE REMOVAL (S	SPECIFYI	TE THEREO!		1							(Stara)
Burial		-14/		Asbu	ry Meth	odist Ceme	tery	Bozman, M	aryla	nd	
24. REC'D BY RE	GISTRAR REC	SISTRAR'S S	IGNATURE	1	1	25. FUNERAL DIRE	-			ADDRESS	
DATE	(7 1200	Stan	von	d. d.	arber.	I. R. Dasi	hiell	Dover Str	eet.E	as tor	1.Md.

DEC 14 1822
DECENALD

BUREAU V. S.

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Physicians

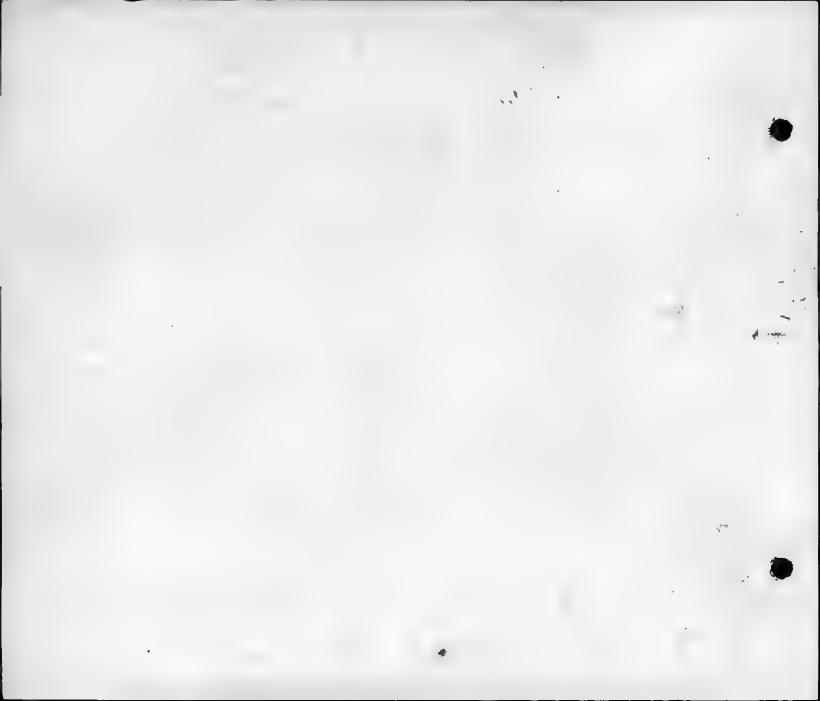
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- 573

no

ದ alive on 19 35, and that death occurred at 5.30 A. M, from the causes and on the date stated above. SIGNATURE DATE SIGNED M. D. 11/8 St. Vanle St. Baltine & Ind 12-10-55 23. BURIAN, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF Mt. Olivet Cem. Balto., Md. DATE REC'D BY LOCAL SIGNATURE.



TO ATTENDINE

VS A15C 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11553

11563 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
county Baltimore	MARYLAND	STATE Maryland COUNTY				
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporete limits, write RURAL end give neerest town) OR				
X TOWN Ruxton	fut tura beace)	TOWN Balt:	imore	3401-4		
HOCHTAL OR	anging Home	STREET	(If sural giv	·		
7) STREET ADDRESS Sorrenson Nu 7912 Ruxway	Road nome	ADDRESS 246 I	N. Pearl	Street v		
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mon	th) (Dey) (Yeer)		
(Type or Print) MARY	IDA	BAKER	DEATH D			
	ARRIED, B. DATE C		AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.		
female white (Spacify) r	married July ?	2, 1875	80 yrs.	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
. 8 2	at home	Carroll Cour	nty, Mary			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
Francis Haines	Ö	Barbara Al	lbaugh			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A				
(If Yes, give wer or detes of service)	none	Mary Lei:	sure, 1340	Sargeant St.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
// ~ ") "JIMMEDIATE CAUSE (A)	Myocardial fa	ailure acute		I hour		
ANTECEDENT CAUSE(S) DUE TO		h 6		E		
DISEASES OR CONDITIONS, IF ANY, (8)	Myocarditis o	enronic		b years		
STATING UNDERLYING CAUSE LAST. DUE TO	Hernostmonher n	uro o a w d i um		5 vears		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Hypertrophy n	TA O CST O T OTH		b years		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Ascites gener	al.		2 months		
	NGS OF OPERATION			20. AUTOPSY?		
// none	none	or Marke Bill Billian Account	7 (0)	YES NO		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY str	Homa, ferm, fectory, est, office bldg., atc.) Y10		none	(County) (State)		
	21e. INJURY OCCURRED While Not while at work at work	21. HOW DID INJURY OCCUR	ione			
22. I hereby certify that I attended the d	eceased from In-5th-		7th , 1955	, that I last saw the deceased		
alive on Dec. 6th, 1955	and that death occurred at	2.00 M, from the ca	auses and on the c	late stated above.		
SIGNATURE		ADDR	ESS (Street, city, tow	n, stete) DATE SIGNED		
James Trahom 77	Tarolon M.D.5 I		Street Bal	ti ore I ld 48/2		
23 AURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lowe	n, or county) (Stele) 739		
burial 12/10/59		Evangelical	Arcadi	ia, Maryland		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAL	TURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
DATE . Mabel	Graya	Mm. Gook	nc 1217	St. Paul Street		
100)	10					



H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11554

11564 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY Balto MARYLAND	STATE AND COUNTY BALLO			
	CITY (if outside corporate limits, write RURAL LENGTH OF STAY	CITY (H outside corporate limits, write RURAL and give neerest town)			
	OR and give nearest town) (in this piece)	TOWN P			
	HOSPITAL OR	STREET (If rurs grye/location)			
	INSTITUTION OR STREET ADDRESS 7 // F	ADDRESS (II Furei giveriocerion)			
	THE TAI WOOD IN	III KIMYUGOD Rd			
	3. NAME OF (First) (Middle) DECEASED / (First)	(Last) 4. DATE (Month) (Day) (Year) OF			
	(Type or Print) (hayles 1- 154	1ster Death Dec 27 1955			
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,				
	Male Willite (Specify) married Det	18-1875 77 yrs. Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
	done during most of working life, even if	Balto - 1 L COUNTRY?			
	Laborer Ratived Sitiles Gart	14. MOTHER'S MAIDEN NAME			
	G. G. B. (-1.	Eu. 0'11.			
	15. WAS DECEASED EVERAN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
	(Yes, np, or unk.) (If Yes, give wer or dates of service)	17. INTORMANI & ADDRESS			
1	+ NONe	Mrs Harold, Allison, Ill Elavood			
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (A) CORONARY	ARTERY THROMBOSIS 6 days			
	015.70				
	DISEASES OR CONDITIONS, IF ANY, (B)	ARTERIO SCLEROSIS 5 YES+			
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
	(C)				
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	EPHRITIS 5 TRS+			
	DISEASE OR CONDITION CAUSING DEATH.	1/1/1/1/3			
	19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 1 2)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)			
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., alc.) (F EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)			
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 2	RIF. HOW DID INJURY OCCUR?			
	M. at work at work .				
	22. I hereby certify that I attended the deceased from 9/19	1938 to 12, 27 , 1955, that I last saw the deceased			
	22. I Hereby Certify has I allended the deceased from	17 19 Inat I last saw the deceased			
ς.	alive on	ADDRESS (Streat, city, town, state) DATE SIGNED			
10M	W. Wmack	6331 Below Por Batte 6 12/2/155			
555	M. D. 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR (
A15C	REMOVAL (SPECIFY)	(alala)			
٤	13 May/ 61 130/5 5 1 G 7 K VVC				
š'	24. REC'D' BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
	DATE EU 1900 Mrs. a. L. Lefanecker	Lassafu Fineral Home 7461. Belain Pd			

11565 CERTIFICATE OF DEATH

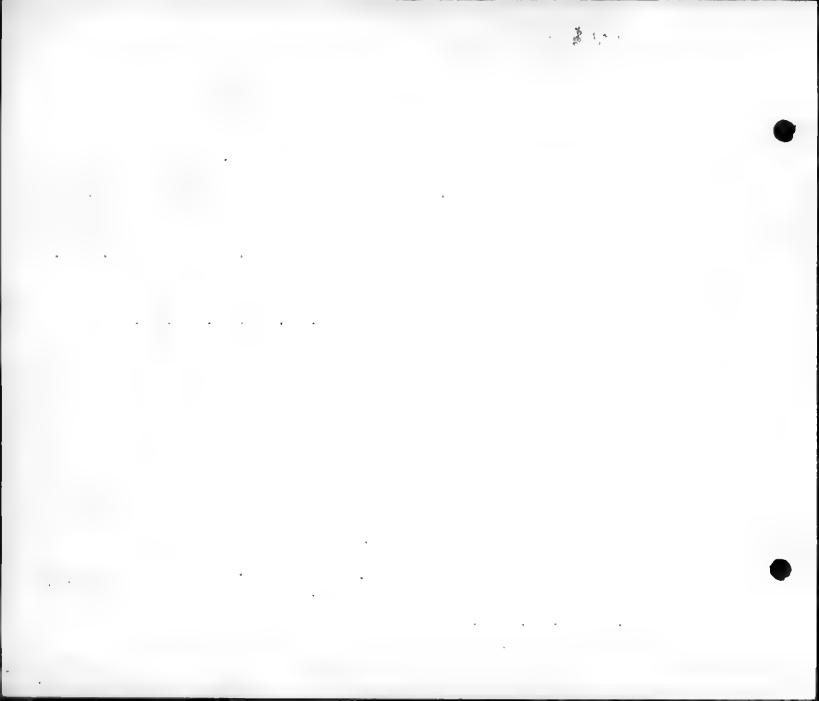
Reg. Dist. No.

24. FUNERAL DIRECTOR Baltimore, Charles Law Mortuary, 802-04 Madison Ave.

ıly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	D:					
20	COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY	STATE MARYLAND COUNTY					
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL a	nd give nearest town)					
and legibly	OR and give nearest town) (in this place) OR TOWN BALTIMORE	2					
	HOSPITAL OR STREET (If rural give location)	1 1 4					
early	STREET ADDRESSVETERANS ADMINISTRATION HOSPITAL 1611 N. PAYSON STREET	4					
S S							
	DECEASED: OF	Ony) (Year)					
death	(Type or Print) OWEN D. BARFIEID DEATH December 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday if UNDER 19						
ŏ	RACE: WIDOWED, DIVORCED.	ays Hours Min.					
	MALE ICOLORED ISPECTIVI: MARRIED 3-25-96 59 yrs.						
the causes	iOA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. work done during most of working life. OR INDUSTRY:	CITIZEN OF WHAT					
100		. S. A.					
ë	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:						
	JOSUE BARFIELD LEVINA EDWARDS						
please write	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:						
(E)	YES of service) WW T 578-10-0448 CLIN_RECVET_ADM.HOSP_FT_HOW	MARYLAND					
83	18. MEDICAL CERTIFICATION						
pje	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH					
89	IMMEDIATE CAUSE (A) ACUTE CORONARY THROMBOSIS						
la.	ANTECEDENT CAUSE (S) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN					
330	DISEASES OR CONDITIONS, IF ANY,						
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO ARTERIOSCLEROSIS, GENERALIZED	UNKNOWN					
	(C)	OTHERMOITH					
18 TI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
t o	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1					
		YES NO					
especially	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?						
be	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
en Nu	OF INJURY While Not while						
m.	M. at work at work						
9 8 6	22. I hereby certify that X attended the deceased from NOV.27, 1955, to DEC. 11, 19.55 xkspxkisses	desendanto en la composición de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del com					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	stated above.					
correct	SIGNATURE FEGULIA ADDRESS DAT	E SIGNED					
Ė	Francis G. Dickey, M. D. Chief, Medical Servimen VAH, FORT HOWARD, MARYLAND 123, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or	2-12-55					
ŭ	REMOVAL (SPECIFY)						
	BURIAL (SPECIFY) 12-15-55 BALTIMORE NATIONAL BALTIMORE, MARYI	AND					

A15-10-53 VS.

DATE REC'D BY LOCAL REGISTRAR





certificate be executed within

HYSICIAN OR HOSPITAL The law requires that the death

The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

CERTIFICATE OF DEATH 11567

•	MARYLANI	D STATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 18	11557
	11567 C	ERTIFICAT	E OF DEA		Dist. No.
I. PLACE OF DEA	TH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY BA	470,	MARYLAND	STATE MAG	COUNTY :	BALTOI
Y TOWN TOWN	orata limits, write RURAL st town	LENGTH OF STAY (in this piece)	OR TOWN SPAR	RROWS P	ve neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	7/2 D 57	Τ,	STREET ADDRESS 9/	2 (If rural give too	etion)
3. NAME OF DECEASED (Type or Print)	SEORGE	HARLEM D	4 RTHOLOMEM	4. DATE (Month) OF DEATH	-6- (Year) -6- 33
	DLOR OR 7. SINGLE WIDOV (Specific		e OF BIRTH 1885		UNDER 1 YEAR IF UNDER 24 HR nths Days Hours Min
10a. USUAL OCCUPATION done during most of retired)	Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY STEEL WFG-R	11. BIRTHPLACE (State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	O. BARTHO	DOMEN	14. MOTHER'S MAIDEN	NAME TURKES	
	IN U. S. ARMED FORCES? s, give war or delas of service	16. SOCIAL SECURITY NO. 713-07-636:	17. INFORMANT &	ADDRESS BAKTHELDING	EW- SAME
	ONS DIRECTLY LEADING TO	DEATH 18. MEDICAL C	entification	A7. C.	INTERVAL BETWEEN ONSET AND DEATH
4,00,0 IMMEDIATI	CAUSE(S) DUE TO	(Chings	to be then	of Lines	1001101
DISEASES OR CONDITION GIVING RISE TO THE ALL STATING UNDERLYING	OVE CAUSE DUE TO	CEN MIN OU	a ce meso	4 Nicoral	70
11 OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	ONDITIONS CONTRIBUTING	7.2			
19a -DATE OF OPERATION	196. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY)
218 ACCIDENT WAS UN OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	SE OF DEATH OF INJURY	CE (Home, farm, fectory, f street, office bidg., atc.)	21c. WHERE DID INJURY OCC	UR7 (City or town)	(County) (State)
21d. TIME OF INJURY (7	Aonth) (Dey) (Yeer) (Hou M	While Not while	217. HOW DID INJURY OCC	UR?	
.7.	Ify that I attended the		195 9 10		that I last saw the deceased
alive on	'n	, and that death occurred	ADE	causes and on the date DRESS (Streat, city), town, sto	
23. BURIAL, CREMATION REMOVAL (SPECIFY)	DATE THEREOF	M. D.	OR CREMATORY	LOCATION (City, Jown, or	
24. REC'D BY REGISTRAR	REGISTRAR'S SIG	5 MEHPCINI	100E 25, FUNERAL DIRECTOR'S	HOWAR!	ADDRESS OF
11-9-	5:5 0 Gw	an I Harts	5 /1/1 1A. 19.	1 Bull	Mr. delle N.A

EREAU V. S.

DEC 15 · ~

UHMIBDEL!

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11558

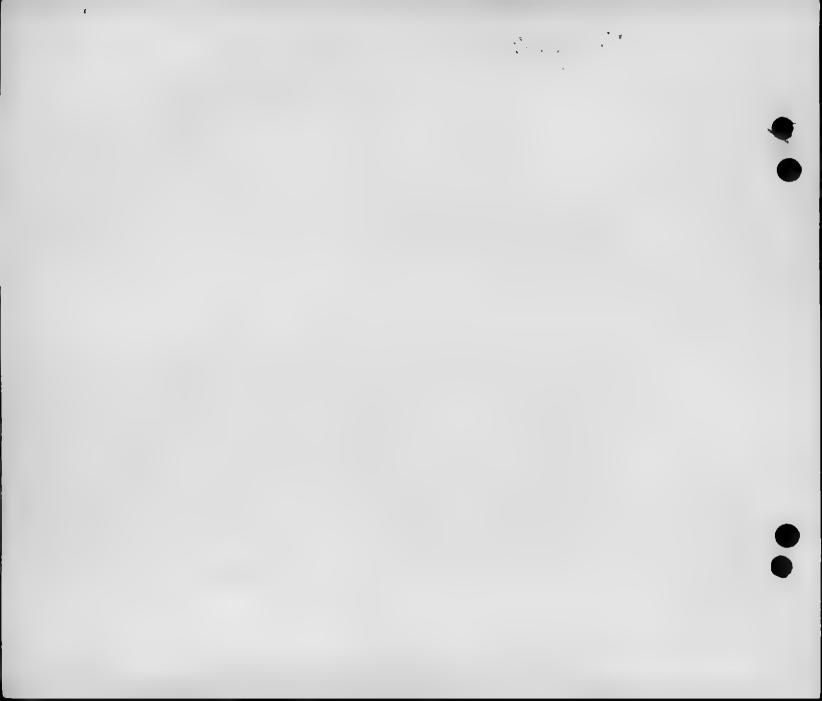
2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No.

11558

1. PLACE OF DEATH	2. USI'AL RESIDENCE (HOME) OF DECEASED COUNTY	
COUNTY Baltimore MARYLAND	Md. Balline	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town	
	II OP	ž
OR give nearest town). TOWN No feel cliff war Town	TOWN Notel eliff was Town	
HOSPITAL OR	II STREET (If rural, give location)	
INSTITUTION OR	ADDRESS & O	
STREET ADDRESS Villa Harra Glenarus Rd	ADDRESS & lenarm Rd	
3. NAME OF (First) (Middle)		Year)
DECEASED Q. 1 P. C. 1		
(Type or Print) Sister Mary Gerardus Becke		1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	24 hrs.
Female while (Specify) Single	Aug 7, 1872 83 ym. Months Days Hours	Min.
Thereale Whitele (Specify) Single 10n. USUAL OCCUPATION (Give Idad of work 10b. Kind of Business or		I
done during most of working life, even if retired) INDUSTRY	Comment?	WHAT
Teacher RELIGIOUS.		5. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	C A	
Stephen Becker	Eather Heurick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	5 10 00 01 10 00 00	
(service)	S. Mary Clara Notch Cliff	
18. MEDICAL CE	ERTIFICATION	
	INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATS
P. A. Carlotte and C. Carlotte	ify Thrombois 5 day	
Immediate cause (a)	ry thromoons 5 day	15
Antecedent cause(s)		
Diseases or conditions, if any, (b)	ely 10 yes	
giving rise to the above cause		age conduct man
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPS	3Y?
		No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
	- WORL DVD ANTIDY COCURS	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Od. 14.	1052 4 A . A . A . 1055 14 4 7 1 1 1 1	
22. I hereby coruly that I attended the deceased from	, 1983, to Massard, 1982, that I last saw the dece	ased
	204	
alive on Jest. 13, 1955 and that death occurred at 1		
SIGNATURE (Degree or inte)	ADDRESS DATE SIG	NED
Side a long to the state of the		NED
March HOG orene MARA		NED
Vehole + Oh) oulling	7501 York Rd 12/15/	55.
21. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS 750 York Rd 12/15 ERY OR CREMATORY LOCATION (City, town, or county) (Sta	55.
21. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS 750 York Rd 12/15 ERY OR CREMATORY LOCATION (City, town, or county) (Sta	55.
21. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS 750 York Rd 12/15 ERY OR CREMATORY LOCATION (City, town, or county) (Sta ARIA CEM, NOTCH CLIFF NR Towso	55.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 12-17-55, VILLA M	ADDRESS 750 York Rd 12/15 ERY OR CREMATORY LOCATION (City, town, or county) (Sta ARIA CEM, NOTCH CLIFF NR TOWSO 2) FUNERAL DIRECTOR 1901 5, CONFADRESS	55. N. Mo.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 12-17-55, VILLA M DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS 750 York Rd 12/15 ERY OR CREMATORY LOCATION (City, town, or county) (Sta ARIA CEM, NOTCH CLIFF NR Towso	55. N. Mo.



VS. A15 — 10 - 53

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RESERVED

DATE REGISTRAR'S SIGNATURE

RESISTRAR 9 1455

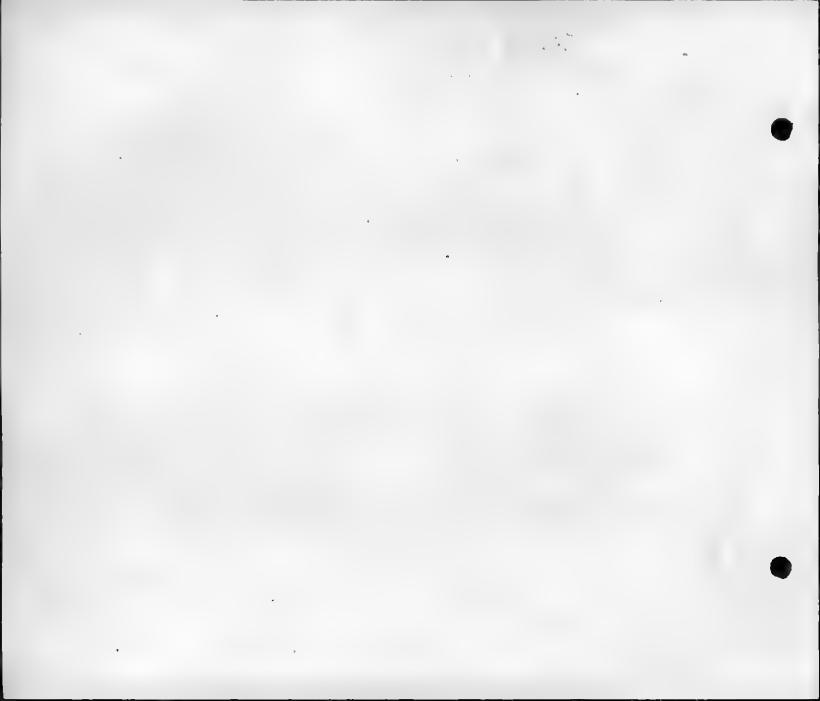
DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of county)

Balto., Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

RESISTRAR 9 1455

Location (City, town, of county)



	The	CERTIFICATE OF DEATH Reg. Dist. No.					
37	ully.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):			
The state of the s	tion carefully and legibly.	COUNTY Balto MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Ercoklandville	CITYII outside corporate limits, write RURAL at OR TOWN Brusklandvill:				
	informat clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	/			
	every item of information auses of death clearly and	DECEASED: (Type or Print) OWEN G. BEN	NETT OF DEATH: Dec. 7.	(Year) 1955			
	ry iter es of d	RACE: WIDOWED, DIVORCED, (Specify): male white (Specify): married Jan 1		ays Hours Min.			
DING		work done during most of working life. OR INDUSTRY: even if retired): Chemist Chemical Mfgrs 13. FATHER'S NAME:	Miss.	COUNTRY?			
BINDÍÑ	K. Supply write the c	Raymond Bennett 18. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	Unknown 17. INFORMANT & ADDRESS:				
RVED FO	Se IN	(Yes, fio, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICAT	Mrs. Gerald R. Bennett-2030 E	INTERVAL SETWEEN			
	-Q	332 X IMMEDIATE CAUSE (A) ACCUSE DUE TO	ulmonary edima	16 min.			
	WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	certal embolies	30 min.			
MARGIN	des .	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	one detached	Verles at			
	LAIN y imp	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
	WRITE PLAINLY, especially imports.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED		y) (State)			
	~ ::	OF INJURY While Not while at work at work		·			
- 10 - 53	TYPE rect ag		ADDRESS DAT	stated above. re signed /2/9/55			
A15 -	PLEASE cor	Burial (specify) 12/10/55 Druid Mic					
S.	A	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR RECEILER 10. 1955 R.W.	J. FUNERAL PIRECTOR	1- BULL 17			



4 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11561

11571 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
county Baltimore mary	LAND	STATE Mary	land county B	alti ore
CITY if outside corporete limits, write RURAL LENGTH C	OF STAY	CITY (If outside corp	orete limits, write RURAL end giv	ve nearest town)
OR end give neerest town Perry Hall (in this	plece)	TOWN Perr	y Hall	,
HOSPITAL OR		STREET	(If rurel give loc	etion)
INSTITUTION OR STREET ADDRESS 1222 Darnell Road		ADDRESS 1,222	Darnell Road	
3. NAME OF (First) (Middle)		(Lest)	4. DATE (Month)	(Dey) (Yeer)
DECEASED (Type or Print) Mrs. Amelia		Beumler	DEATH Dece	mber 21st 19 55
5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, WHOWED, DIVORCED, GSpecity) Wildowed	8. DATE C	31, 1873		UNDER 1 YEAR IF UNDER 24 HRS, nths Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINE		11. BIRTHPLACE (State or Ion		12. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY	33			COUNTRY?
retired) at home		Baltimore, M		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Charles Hildebrand		Marie Kohl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	CURITY NO.	17. INFORMANT &		Perry Hall, .d.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	-	Mrs. Paul	Renshaw, 4222	Darnell Hoad
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		ösclerökie H		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	N			20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fector OR CONTRIBUTING 21c. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RIC. WHERE DID INJURY OCCI	JR? (City or town)	(County) (State)
M. et work 📙 et	ot while	21f. HOW DID INJURY OCC		
22. I hereby certify that I attended the deceased from alive on 11 2 2 19 5 , and that death SIGNATURE	occurred at	M, from the		stated above.
REMOVAL (SPECIFY)	CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
Burial Dec 2/ 1955 Val	C Lan C	enetery	Baltimore,	lg ryland ADDRESS
DATE Dec. 22, 1950 Dr. Walter Nam	mett "	1	uck, 5305 Harf	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICAT 11572

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						ist. No)• ,		
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	STATE	4 - 4	cc	YTNUC		2. L	,) .		
	CITY (IF	outside corpo	rola limits, write R	URAL e	nd give	neerest to	wnj		
	TOWN	Jr. to	nsvill	9					
	STREET				ve loceti	on)			
	ADDRESS	303	Hilton						
(Last)			4. DATE			(Dey)	(Year)	
rzol	1		DEAT	н 🗍	10.	7.0	5	19 -	5
E OF BIRTH		1	9. AGE last birth					JNDER 24	HRS.
. 23	770	0	56		Month	s Dey	s F	lours	Min.
		State or forei		312	<u> </u>	12. CII	TZEN O	F WHAT	
11. 54.	THE PERSON NAME OF	+ * +	gir country			CC	UNTRY	, MUMI	
14.	. MOTHER	'\$ MAIDEN I	NAME						
		_eres	& Fere	r					
	17. INFO	RMANT & A	DDRESS						
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							20. At	UTOPSY?	
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2Ic, WH	IERE DID IN	JURY OCCUP	? (City or town)		(0	County)		(Stata)	
21f. HC	W DID IN	JURY OCCU	R?						
C.J. 1	255	10 D	1:ک.ا.راندا	رسح و	5 the	t I lact	caw th	e dece	2504
-1 /6	A) II	from the o	auses and on	Ale a	data a	n , (US)	20 W III	o decei	9300
Ql å	Tidenday :	ADD	RESS (Streat, o	itv. tow	oare si n. stala)	ared ab		E BIGI	WED
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ر ارت OR CREMAT	TORY	7/1	LOCATIONIC	10/1	2	77		yn	*
			LOCATION (C	17, 10W	n, or co	ингу)		(Slat	Φ)
tion	al (Jam.	Dalt	0.		13	9		
1 25	FUNERAL	DIRECTOR'S	SIGNATURE			ADDRI	223		

Forley Fencoul Home, Colomoville, M.

1. PLACE OF DEATH 7-110. MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY end give nearest lown) (in this pleca) TOWN HOSPITAL OR INSTITUTION OR Wilton Ave. STREET ADDRESS 3. NAME OF (First) (Middle) DECEASED (Type or Print) Joseth SINGLE, MARRIED, WIDOWED, DIVORCED, COLOR OR **SEX** (Specify) mied 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY lto. l'mansit 13, FATHER'S NAME John Jesola 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service) . 0 18. MEDICAL C I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH A IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.) 21d. TIME OF INJURY [Month] (Dey) (Yaer) 21e. INJURY OCCURRED While et work, and that death occurred BISNATURE DATE THEREOF BURIAL, CREMATION, NAME OF CEMETERY REMOVAL (SPECIFY) Burial -10-55 Palto. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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ATTENDING

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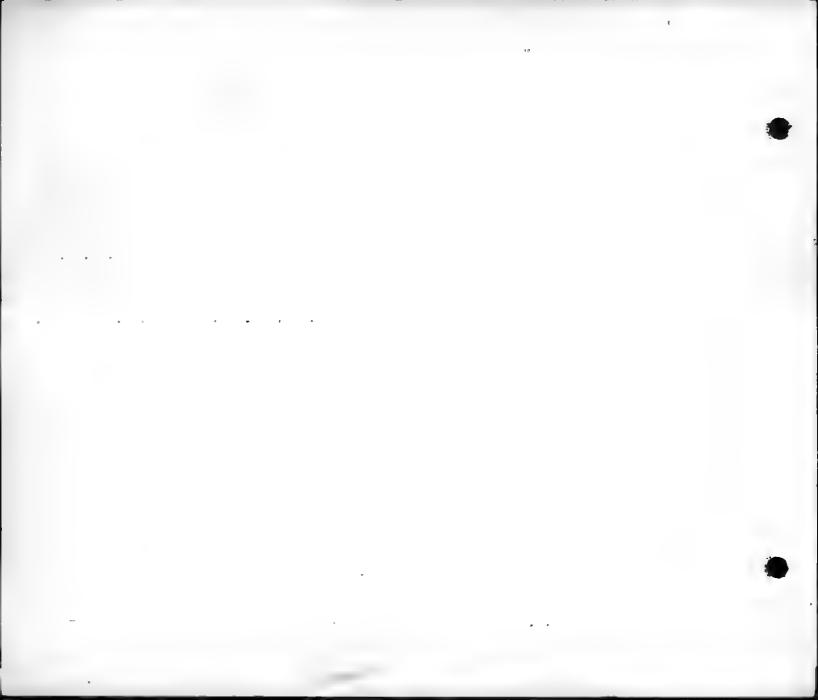
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a	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	11563
'. The	11572 CERTIFICATI	E OF DEATH Reg. Dist.	No.
ully Iç.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
cmrefully. lmgibly.	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
an	OR and give nearest town) (in this place) TOWN Fort Howard 7 Days	TOWN Baltimore	X
information clearly an	HOSPITAL OR INSTITUTION OR STREET ADDRESS/eterans Administration Hospit.	STREET (If rural give location) ADDRESS ADDRESS ADDRESS ADDRESS	
nfo cle			Day) (Year)
m of i	DECEASED:	OF	
E D	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE	GGS DEATH: December OF BIRTH: 9. AGE last birthday 17 UNDER 1 Y	
ite	Male White (Specify):Married 11/2	3/93 62 yrs	ays Hours Min.
r every	IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
	work done during most of working life, or INDUSTRY:	Baltimore, Maryland U	. S. A.
Tupply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
1 L	William Biggs	Pauline Schulte	
K. Lu write	15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
INK.	(Yes, no. or wik.) (If Yes, give war or dates 220-12-6893	Clin.Rec.Vet.Adm.Hospital,Ft.	Howard Md.
UNFADING sicians: ple	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEEN ONSET AND DEATH
AD)	IMMEDIATE CAUSE (A) CARCINOMA	THIC	THUKNOPIN
A L	ANTECEDENT CAUSE (S)		
UT.	DISEASES OF CONDITIONS IF ANY		
WITH UNFA	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		<u> </u>
Y,	TO THE DEATH BUT NOT RELATED TO THE		
N de	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
/ 3	/ 10-13-52 Thoracotomy - Transitional	l cell carcinoma lung.	YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1) FEITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. NHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
The second	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
OR is	22. I hereby certify that Kattended the deceased from Dec.	.12, 1955, to Dec 19, 1955, thetablest	cancibe decrease
TYPE 0	alway of the signature	8:30AM, from the causes and on the date ADDRESS DAT	stated above. re signed
	Francis G. Dickey M.D. Chief Medical Serving 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	. D. VAH. FORT HOWARD, MARYLAND ERY OR CREMATORY LOCATION (City, town, or	12-19-55 (State)
PLEASE cor	Burial (SPECIFY)		and
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR erick Cole. 1913 W. Baltimore	ADDRESS Md



72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

illed permit.

TO FUNERAL DIRECTOR: The law requires that the death certifical certificate has been executed by the attending physician and death certificate assembly should be detached for use as a burial

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11564

3.

11574 CERTIFICATE OF DEATH

		Re	eg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDE	NCE (HOME) OF D	CEASED
COUNTY Baltimore MARYLAND	STATE Marvi	and COUNTY	Raltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corp	porate limits, write RURAL er	nd giva naerest town)
OR end give names town (in this place) TOWN Baltimore 12 years	OR TOWN Bal	dwin, R. F.	n. v
HOSPITAL OR	STREET	(if tural giv	
INSTITUTION OR SPRING Grove Hospital	ADDRESS		
3. NAME OF (First) (Middle)	(Last)	4. DATE [Mon	th) (Day) (Year)
DECEASED (Typa or Print)		OF DEATH	December 6 77
Albert A. Bil	lingslea of BIRTH	9. AGE last birthday	IF UNDER 1 YEAR HE UNDER 24 HR
RACE WIDOWED, DIVORCED,		7. AGE ISSI DIFFIGRAY	Months Days Hours Min.
Male White (Spacify) Married 12	/13/1905	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
retired) Contracter	Marylan	d	II. S. A.
13, FATHER'S NAME	14. MOTHER'S MAIDEN		
Joseph Billingslea	Lillia	n Roach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &		_
(Yas, no, or unk.) [If Yas, give war or dates of service)	Spring	Grove Hespit	al
18. MEDICAL CI	ERTIFICATION	Haltimore	28 Maryland
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
2 X IMMEDIATE CAUSE (A) Brain tumor, typ	e undetermined		
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST, DUE TO			
(C)			
10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory,	21- WHERE DID BUILDY O.C.	AID A COLO A	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCC	OKT (City of town)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCC	110.3	
M, at work at work	I III HOW DID HOOK! OCC	UK:	
	70		
22. I hereby certify that I attended the deceased from	, 19 53 , 10 D	ecember, 1955	, that I last saw the deceases
alive onDec	at	causes and on the c	late stated above.
SIGNATURE CLASSICAL COLOR	ADI	ORESS (Street, city, tow	n, state) DATE SIGNE
SIGNATURE School Wacheler M.D. 23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL (SP	Spring Grove	State Hesnit	Dec. 6, 1955
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	OR CREMATORY	LOCATION (City, town	n, or county) (State)
Burial Dec. 10, 1955 St. John	is. Cemeters	Long Gree	n. warvland
Burial Dec. 10, 1955 St. John 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	SIGNATURE	ADDRESS
DATE VE Harry	1		arford Road #14
on the state of th			m roid wood 11 Id



CEDTIEIC A TE

for death. After this

the registrar within 72 hours at

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTEMEN PHYSICIAN OR HOSPITALE The Le requires that the death The bottom nowy may be retained by the helipital or attending physician.

TO ATTEMBE

hours after death,

certificate be executed withm

HSTRUCTIONS

11565

11010	CERTIFIC	AIL	OF D	EA	R	eg. Dist,	No. 3.8	-
1. PLACE OF DEATH			2. USUAL RES	SIDENC	E (HOME) OF D	ECEASED		
COUNTY Baltimore	MARYL	AND	state Mar	wlan	d county			
CITY (If outside corporete limits, write RURAL					te limits, write RURAL	end give neere:	st town)	
OR end give neerest town)	(In this g	356 days	OR TOWN Bal				21.	
Town Towson 4, Marylan				- CT IIIO		La facetta d		
HOSPITAL OR The Sheppard	& Enoch Prat	t Hospi	al ADDRESS			ve location)		1
	vland		330	1 St	. Paul Str	reet		V
3. NAME OF (First)	(Middle)		(Lost)		4. DATE [Mo	nth)	(Dey) (Yeer}
(Type or Print) Lucy	Forney	Ritti	nger		DEATH De	camber	. 9.	, 55
Dar C. J.	NGLE, MARRIED,	8. DATE OF		1 0.	AGE last birthday	I IF UNDER 1		ER 24 HR
TP RACE W	DOWED, DIVORCED,			'			Deys Hou	
F W (S)	ecify) Single	August	29, 1859		96 yrs.			
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINES OR INDUSTRY	SS 1	1. BIRTHPLACE (Slete	or foreign	country]	12.	COUNTRY?	/HAT
done during most of working life, even if refired Former Deaconess	OK INDUSTRY		Clevela	ind.	Ohio		U.S.	
3. FATHER'S NAME	l .		I 14. MOTHER'S MA					
	7273							
Joseph Baugher Pitting	•		l .		ace Forney			
IS. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unk.) If Yes, give war or dates of sec	rvice)				Mr. Phil St., Hanov			
1 DISEASES OR CONDITIONS DIRECTLY LEADING		DICAL CERT	FIFICATION				INTERVAL B	
2214	Carl	- 0	latt 122 m	1/1	A.		2 1/2	114
○○ / ➤ IMMEDIATE CAUSE (A)		Val /	7 - 0000	- V-	- wy		3 cm	100
ANTECEDENT CAUSE(S) DUE TO	(Pomero	Sec. 1	A. T. T.	10	Cornsis		1011-	- 1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LAST, (C)	, garra	uzea	AVUNG	1-212	20 10 4.7		100/1	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	5 Servi	le.	Psychi	ssis			104	24
190. DATE OF OPERATION 196. MAJO	R FINDINGS OF OPERATION	И	d				YES	PSY?
216. ACCIDENT WAS UNDERLYING ☐ 216. I OR CONTRIBUTING ☐ CAUSE OF DEATH OF IN. (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, factor JURY street, office bldg., etc		c. WHERE DID INJURY	OCCUR?	(City or town)	(County) (Si	ete)
21d. TIME OF INJURY (Month) (Day) (Year) (While Pro No	URRED 2 of while work	II. HOW DID INJURY	OCCUR?				
22. I hereby certify that I attended					J 19.5.			deceased
alive on 9 9 19 19 19 19 19 19 19 19 19 19 19 19	, and that death	M.D. 5/	ems and	ADDRI	uses and on the Ess (Street, city, tov		above.	SIGNEI
23. BUMAL, CREMATION DATE THEREO	155 THX	CEMETERY OR	int),	LOCATIONICITY, NOW	Unst	Yor	(Stole)
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE		25. FUNERAL DIREC	TOR'S SI	GNATURE /	1/05	DORES	

Set of or

the registrar within 72 Lours after chash. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certifical by lifed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

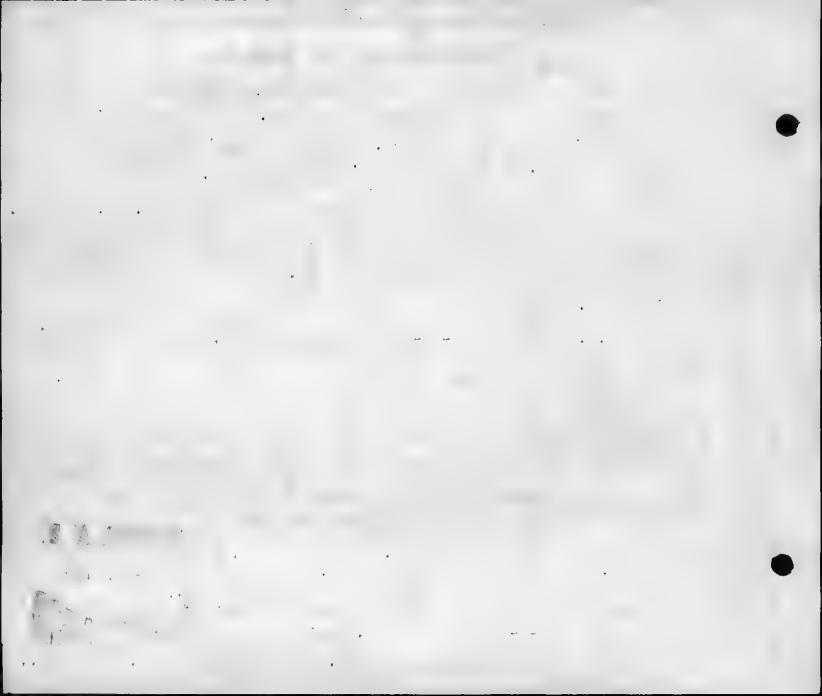
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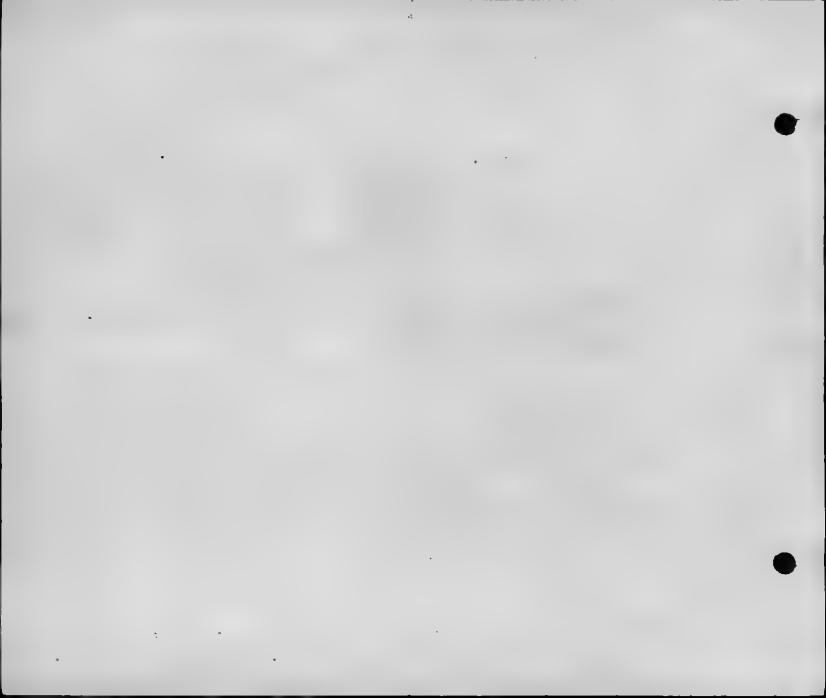
11576 CI

CERTIFICATE OF DEATH

Reg. Dist. No.....

	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED	
	COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY E	altimo	ore
-	CITY (if outside corporete limits, write RURAL	LENGTH OF STAY	CITY (if outside corpora	ole limits, write RURAL end give	neerest town)	
	X TOWN Franklintown	(in this place) 35 Yrs	OR TOWN FIRE	nklintown		
	HOSPITAL OR		STREET	(If rural give local	tion	
	INSTITUTION OR 1512 St. Agnes	Lane	ADDRESS 1512			/
	h <u>k</u>	Middle)	(Lest)	0		
	DECEASED		,,	4. DATE (Month)	(Dey)	(Yeer)
			kburn	DEATH DOC.	2,	19 55.
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, B. DATE O	F BIRTH 9			IF UNDER 24 HRS.
	Male White (Specify) Me	rried Marc	h 20,1894	61 yrs. Moni	hs Days	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KING	OF BUSINESS I	11. BIRTHPLACE (State or foreig	n country)		OF WHAT
	13 15 200	INDUSTRY	Md.		COUNT	TRY?
	13. FATHER'S NAME	struction	14. MOTHER'S MAIDEN N	AAAE	<u> </u>	
	William W. Blackburn			Nicholson		
1	(Vac an arrival) (If Vac also was as dates of sandard	SOCIAL SECURITY NO.	17. INFORMANT & AI		1512	St.
f	(Yes, no, or unk.) (If Yes, give war or detes of service)	.6-10-5983	Katherine	M.Blackbur	n Acm	ac Tona
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	V	INTER	RVAL BETWEEN
					ON5	ET AND DEATH
	/ K / X IMMEDIATE CAUSE (A) Ca	rcinoma of 31	adder		6 1	nos.
	ANTECEDENT CAUSE(S) DUE TO					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
	STATING UNDERLYING CAUSE LAST. DUE TO					
	[C] II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH. 198 DATE OF OPERATION 1 196, MAJOR FINDINGS OF	DE CAEDAMON				
	198 WATE OF OPERATION 198. MAJOR PINDINGS	OF OPERATION	4-		YES YES	AUTOPSY?
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa	, farm, factory,	Ic. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stata)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	ffice bldg., etc.)		,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	,,	,,
	21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e.		21f. HOW DID INJURY OCCUR	}		
	M. et wo					
	22. I hereby certify that I attended the decea		1055 - Dec	2 2 55		
_	alive on Dec. 72, 19.55, and	that death occurred at				
10 M	The Mon	_	1 Mallow F	ESS (Street, city, town, slets	.,	ATE SIGNED
ທຸ	23. BURIAL CREMATION, LOATE THEREOF	M. D. NAME OF CEMETERY OR	Baltimera	29 Mel . LOCATION (City, lown, or co	1.9	2/2/55
Š	REMOVAL (SPECIFY)					(State)
¥	Bur 1a1 12-6-1955	New Balto.		Baltimore,		Md.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S		ADDRESS	
	Land 1955	1	G. Howard St	rong 3207 W	. North	Ave.,





(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEATH

MEDICAL EXAMINER'S CERTIFICATE

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:

Baltimore COUNTY Baltimore COUNTY MARYLAND STATE Md.

CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town)

(in this place)

TOWN

OR and give nearest town) Raven Towson 4

(If rural, give location) STREET HOSPITAL OR

INSTITUTION OR ADDRESS

carefully. The and legibly. 851/ Chestnut Oak Road

Cub Hill & Cromwell Bridge Rds STREET ADDRESS

3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year)

DECEASED:

BLIEL DEATH 72 19 5 (Type or Print) SHIRLEY ARIB 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR

of information of death clearly 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, Monthal Female (Specify): Married April h

11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT

10b. KIND OF BUSINESS OR INDUSTRY: 10a. USUAL OCCUPATION (Give kind of work done during most of work life, COUNTRY?

even if retired): Secretary University Md.

13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:

Anna Catherine Busch

Joseph Frank Bever

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.:

(Yes, no, or unk.) (If Yes, give war or dates of

Mrs. Viola McElvaney-8514 Chestnut Oak service)

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DRATH

Gunshot wound of chest involving heart Immediate cause म समानक ब्राप्त ।

Antecedent cause(s) Massive hemothorax (b) Diseases or conditions, if any. giving rise to the above cause DUE TO

stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 🗆

218. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (County) (State) 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 21c. (City or town) Cub Hill & Cromwell Bridge Rds. Balto. INJURY Car 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) | 21c. INJURY OCCURRED

E PLAINLY, WITH especially important. While at Not while INJURY 12 Shot self in chest. with .22 cal. rifle. at work I work [7 22. I hereby certify that I took charge of the remains described above, held an Autopsy E, Inspection , Inquiry , and

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. WRITE ige is es] CHIEF MEDICAL EXAMINER DATE SIGNED

SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

23. BURIAL, CREMATION, / DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

REMOVAL (Specify) : .2/10/55 Burial Western Cem. 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE

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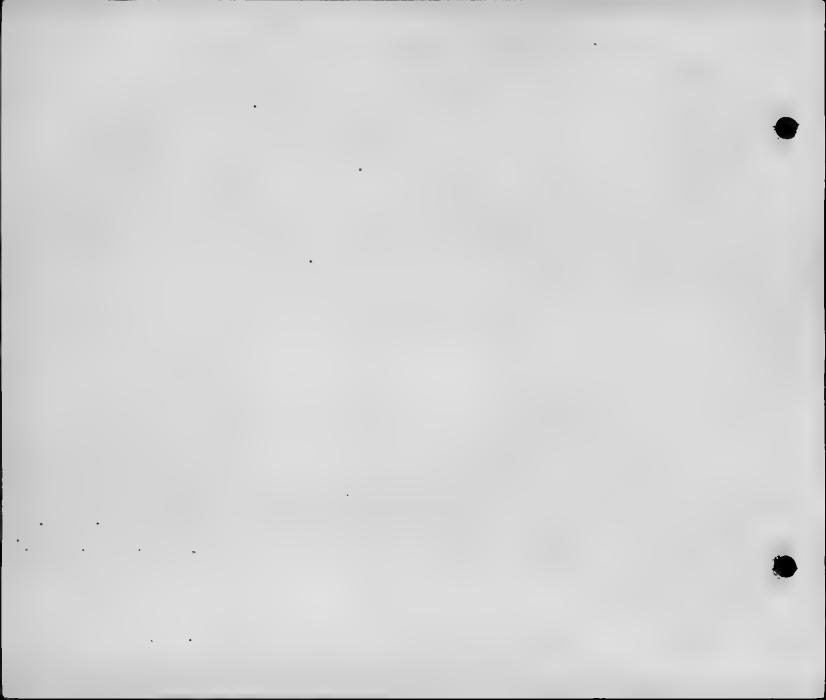
Supply write

UNFADING Physicians: p

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IF UNDER 24 HRS

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(State)

(State)

Hours

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赤岩 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 oth. After copy of 11570 CERTIFICATE OF DEATH 11579 death. Reg. Dist. No. 30 third 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH hours after Baltimore STATE Maryland Baltimore COUNTY MARYLAND COUNTY 72 hours director, CITY (If outside corporate limits, write RURAL and give neerest town) (If outside corporate limits, write RURAL LENGTH OF STAY and give necrest town) OR TOWN (in this place) TOWN 7 days Catonsville Catonsvilla STREET (If rurel give location) HOSPITAL OR * INSTITUTION OF ADDRESS within funeral STREET ADDRESS 200 Bloomsbury Avenue 200 Bloomsbury Avenue 4. DATE (Month) (Dev) (Year) Middle (Last) 3. NAME OF DECEASED istrar DEATH the (Type or Print) BROSENNE ROSA **GECTLIA** Dec. 11. 19 55 IF UNDER I YEAR LIF UNDER 24 HRS. SINGLE, MARRIED. A. DATE OF BIRTH 9. AGE lest birthday COLOR OR 5. SEX ě Š WIDOWED, DIVORCED RACE Months Hours (Specify) Single 1886 June 7. YES. White ₽.⊆ Female 106. KIND OF BUSINESS 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work COUNTRY? #i¥i# filed OR INDUSTRY done during most of working life, even if U. S. A. Retail sale of proceries (own store Maryland 14. MOTHER'S MAIDEN NAME Pelis 13. FATHER'S NAME completely Margaret M. Bach Christian P. Brosenne physician, 17. INFORMANT & ADDRESS 200 Bloomsbury Ave. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? death certificate (Yes, no, or unk.) (If Yes, give wer or detex of service) Catons. Md. Miss Catherine M. Brosenne 216=32=7108 NTERVAL BETWEEN ONSET AND DEATH or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician 204. 6 we nse DUE TO ANTECEDENT CAUSE(S) law requires that the DISEASES OR CONDITIONS, IF ANY, the attending p GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH g 19a. DATE OF OPERATION 20. AUTOPSY 19b. MAJOR FINDINGS OF OPERATION NO ۾ copy may be retained plnous The 21e. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING CAUSE OF DEATH executed OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: certificate assembly 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? (Yeer) (Hour) While Not while at work at work certificate has been 22. I hereby certify that I attended the deceased from / alive on..... ADDRESS?(Street, city, town, state) SIGNATURE 1-55 10M death NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION. DATE HEREOI -REMOYAL (SPECIFY) Louis Cemetery Clarksville, Md. Burial ADDRESS 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Catonsville. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11530

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
Baltimore Maryland	haryland
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR	TOWN BALULMONG STREET (If rural, give location)
Street Address Sorensen Nursing Home	ADDRESS 1610 Mt. Royal Ave.
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Type or Print)	(Last) 4. DATE (Month) (Part) 195 (Year) DEATH 1960, 25, 1955
6. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH Unknown 2. AGE last hirthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirod) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. Citizen OF What Counter?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Brown	Ellen O'Keefe
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT
aervice)	Mrs. Charles Brown
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Lyocarditis cl	pronic with fibri-lation I days
Antecedent cause(s)	
Diseases or conditions, if any, (h)	rertroply with failure E jears
stating the underlying cause last (c) Hypotension as	rterial 5 years
(e) Ry potension and the other significant conditions	treliar s Acare
Conditions contributing to the death but not	7.5
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no operation no operation	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg, etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE none INJURY none	none
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY NON8 m. Work At work	no injury
22. I hereby certify that I attended the deceased from Living	0., 1955, to. De.C 45, 1955, that I last saw the deceased
alive on De.C. 20,, 195.5., and that death occurred at 9. SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
James Inahom mantonn	
RYMQVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12-17-1	24. FUNERAL DIRECTOR Raltimore, Md. ADDRESS H. M. Mears " Land Son 805 M. Calvert St.
	or 1. 11 years a son 805 11. Calvert al.



A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11572

11531 CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DE	EATH		2. USUAL RESIDE	(CE (HOME) OF DECEAS	ED
COUNTY Ball	Ltimore	HARYCARD	STATE LICE	COUNTY	
	corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and give n	eerest town]
5 200 and give no	tonsville	50 this place)	TOWN Ba	ltimore	3401-4
HOSPITAL OR INSTITUTION OR	House in Pin	163	STREET	(If rural give focetion	1)
9 STREET ADDRESS	16 Pisting		ADDRESS 46	28 Rokeby Rd	1/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Olive	Buckingha		OF DEATH DOC.	0/55
5. SEX 6.	COLOR OR 7. SINGLE, A	AARRIED, 8. DATE		9. AGE lest birthday IF UND	ER 1 YEAR IF UNDER 24 HR
Female	(Specify)		ch 4, 1883	72 yrs. Months	Days Hours Min.
done during most.		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	c Anthony		14. MOTHER'S MAIDEN,	ouwin	
4	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		
Pres, no, or unk.) (#	Yes, give war or dates of service)		The Edward	Jones, 4628 A	Rokeby Rd
1		18. MEDICAL CE			I INTERVAL BETWEEN
I DISEASES OR CONE	DITIONS DIRECTLY LEADING TO DE	ATH	1		ONSET AND DEATH
442X IMMEDIA	ATE CAUSE (A)	ereland /h	some ones		7.wh.
ANTECEDI DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING	ABOVE CAUSE	a. Hykrolinse	us Carlis. Tave	- Ronal Dosex	2 10 7 17,
TO THE DEATH BUT I	CONDITIONS CONTRIBUTING NOT RELATED TO THE	Wherem alois	athertis		6-31.
19a. DATE OF OPERAT	ION 195. MAJOR FIND	NGS OF OPERATION			20. AUTOPSY?
21a, ACCIDENT WAS	UNDERLYING [] 21b. PLACE	(Home, farm, factory,	21c. WHERE DID INJURY OCCU	R? (City or town) (Co	YES NO Z
OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI		reet, office bldg., etc.)			
21d. TIME OF INJURY	(Month) (Day) (Year) (Hour) M.	21e, INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCU	R?	
22. I hereby ce	ertify that I attended the	leceased from 10 -9	, 1957, to 12	-6 , 19.5.5 that	I last saw the deceased
alive on /	2-6, 19.55	and that death occurred a	at 8 15 M. from the	auses and on the date sta	ted above
SIGNATURE	11 12 16		ADD	RESS (Sireet, city, lown, stale)	DATE SIGNAL
12/1/2011	1 H Holler	es M.O. 6	2097001	BS.B. 15	28 10/5/0
23. BURIAL, CREMATIC REMOVAL (SPECIF	ON, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or coun	ity) State)
Burial)ec.9/55			Baltimore M	(L. •
24. REC'D BY REGISTR	AR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR'S	African a	ADDRESS
BATE- L.	1,6.	d'arren =	Them 198. 11	white !	mes milve.

, A. (900 m)

The bottom copy may be retained by the hospital or attending physician.

ATTENDIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

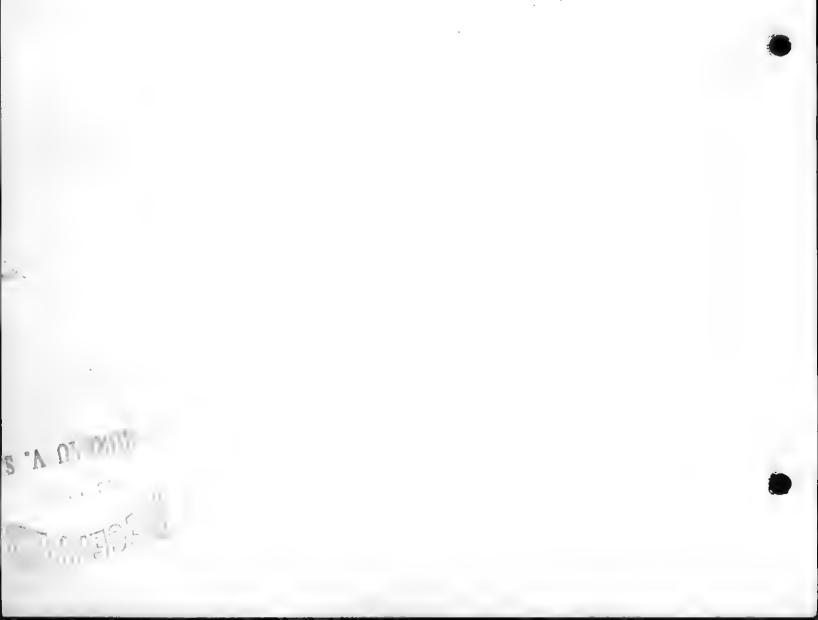
CERTIFICATE OF DEATH 11532

1. PLACE OF	DEATH				2. USUAL RE	SIDENCE	(HOME) C		Dist. No.	
COUNTY	Baltimore		MARYL	AND	STATE N.A.	rvlar	nd cou	UNTY		
OR end gi	ude corporate limits, writa ve nacrest town) LXTON	RURAL	LENGTH OF A d c		CITY (if outside OR TOWN B	altin		JRAL and giv	ve neerast town)
HOSPITAL OR INSTITUTION (STREET ADDRE	or 3011ems 155 7912 Ru			me		+ Fra	nklin	town		
3. NAME OF DECEASE! (Type or Print)		AM	(Middle) HENRY		BULL		4. DATE OF DEATH	(Month) Dec.	(Day) 27	(Ya
s. sex	6. COLOR OR RACE White	7. SINGLE, A		Aug.		9.	AGE last birthe		JNDER 1 YEAR	IF UNDER Hours
10a. USUAL OCCU dona during r retired) Lo	PATION (Give kind of w most of working life, ever borer	rork I 10E	OR INDUSTRY	\$	11. BERTHPLACE (State Frederic		* /	d	12. CITIZI COUI	N OF WH
13. FATHER'S NA	ME				14. MOTHER'S M				1 0 0 0	4224
	John Am		11		Cather	ine F	utled	ge		
(Yas, no, or unk.)	ED EVER IN U. S. ARMEI (# Yas, give wer or det		16. SOCIAL SECT	URITY NO.	Mrs.				+ Fran	klin
						HOWE !	200	29 RC	pad	
I DISEASES OR C	CONDITIONS DIRECTLY LI	EADING TO DE	10. MEI	DICAL CE	RTIFICATION	HOWI.	.0 200	Z, RC	INI	RVAL BETY SET AND D
100 .	CONDITIONS DIRECTLY LI	EADING TO DE	ATH					2 153	INI	ERVAL BETY SET AND D
199. 1 IM	MEDIATE CAUSE	(A) UE TO	Malign	nancy	rification retastasi	s	card	iac	3	Yell
199. 1 IM	MEDIATE CAUSE ECEDENT CAUSE(S) D NOTIONS, IF ANY, THE ABOVE CAUSE	(A)	Malign Valvul	nancy Lar di	TIFICATION	s	card	iac	INI	year
199. I IMP ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLI TO THE SIGNIFIC TO THE DEATH	MEDIATE CAUSE	(A) UE TO (B) UE TO (C) TRIBUTING	Malign Valvul Kyocan	nancy Lar di cditis	rification netastasi sesse chr	is conic	card	iac	3	Yell
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERL. TO THE BEATH IDISEASE OR CO. 120. DATE OF OPI	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST, ANT CONDITIONS CONT BUT NOT RELATED TO THE INDITION CAUSING DEAT	(A) UE TO (B) UE TO (C) TRIBUTING HE TH.	Malign Valvul Kyocan Myocan	nancy Lar di rditis	retastasi sease chr chronic	is conic	card	iac	5 5	year year year
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REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11575

11584 CERTIFICATE OF DEATH

Reg. Dist. No.

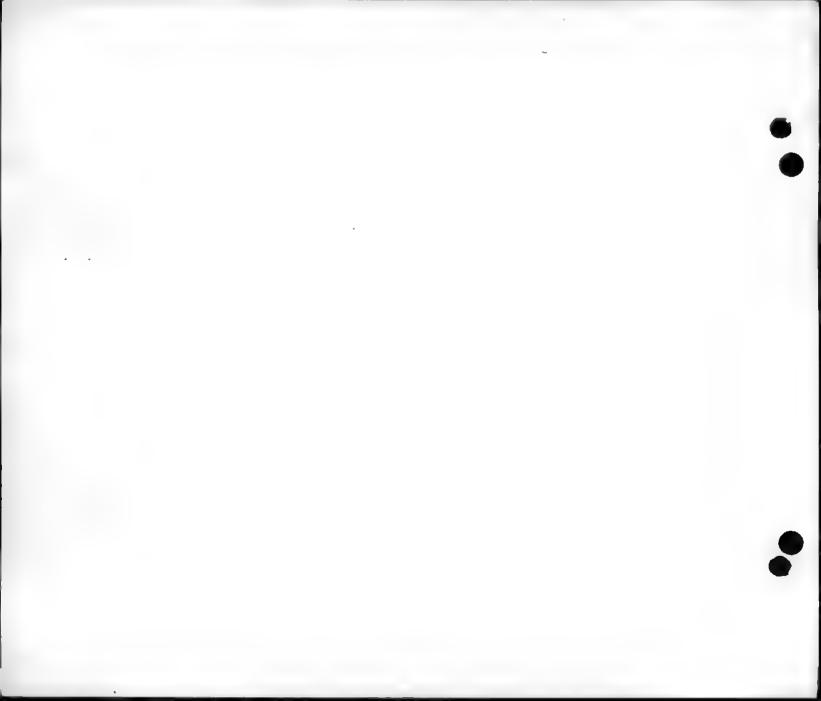
1, PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	D
COUNTY Ballemore	MARYLAND	STATE NARVA	and county	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		ta limits, write RURAL and give ne-	erest town)
OR and give nearest town]	(in this place)	OR TOWN 17 a left	ne entr	211-1
Lead nab-elle	15 acros	カルト/	INTORIS	3 V 01-4
HOSPITAL OR INSTITUTION OR INSTITUTI	a Her la	STREET ADDRESS	(If rural give location)	_
street ADDRESS 10 Justing C	we 3	21N	PORT ST	
3. NAME OF (first)	(Middle)	(Lasi)	4. DATE (Month)	(Dey) (Year)
(Type or Print) George	E Cali	Trider	DEATH /2	26 1955
5. SEX 6. COLOR OR 7. SINGLE, MA RACE 101 WIDOWED,	DIVORCED	F BIRTH 9.		R 1 YEAR IF UNDER 24 HRS.
777 KACE // (Specily)	PARRIED 5/5	184	yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind at work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTMPLACE (State or foraign	country) 1	2. CITIZEN OF WHAT
19 11 11000	Tall Tall	BOITA NO		COUNTRY?
13. FATHER'S NAME	THUENY !	14. MOTHER'S MAIDEN NA	ME	U. D. T.
Ni Pale 1	1 2	IN. MOTHER'S MOTION IN		
CHARLES CHAIKIC	SER	LOUISA	-+CE	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	スプ N
(Yes, no, or unk.) (Il Yas, give war or dates of service)		MRS NAOMI	P CaiToils	O PAUT ST
	18. MEDICAL GER		I CHAINDE	I . INTERVAL BETWEEN
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DISEASES OR CONDITIONS, IF ANY, (B)	man (NICENO	ma four	gnt	277
STATING UNDERLYING CAUSE LAST. DUE TO	1	C		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
				YES NO A
		1c. WHERE DID INJURY OCCUR?	(City or town) (Cou	nly) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET	at, office bldg., etc.)			
		21f. HOW DID INJURY OCCUR?		
	While Not while at work			
22 I haveline applifes that I assended the de-	10/10	10.55 10 22	121 1055 that	last save the decount
22. I hereby certify that I attended the de	· · · · · · · · · · · · · · · · · · ·	~ A		
alive on 12/26, 1955, a	nd that death occurred at.			
SIGNATURE K A		ADDRE	SS (Street, city, town, state)	DATE SIGNED
//elmer / Hallag	4) M.D.62	09 trederich a	w, Ball. 28,1	14 12/26/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or County	(Steta)
REMOVAL (SPECIFY) Burisl 12/29/55	Oak Town	Com	Baltimore	· Md.
Burial 12/29/55 24. REC'D. BY REGISTRAR REGISTRAR'S SIGNATU	JRE Oak Lawn	25, FUNERAL DIRECTOR'S SIG		ADDRESS
1 1 0	1			
DATE OF ON 10 1955 1. 6. 75	57 mm 11	Lalohn A. Mor	an 3000 E. Ba	ALTO- ST.

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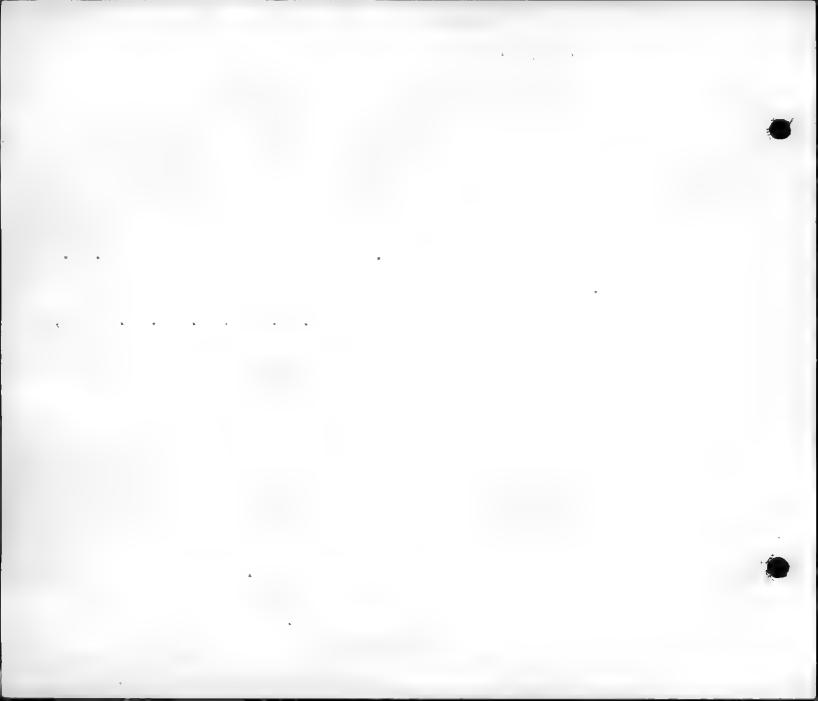
3 A 17 35

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1 1/ "



Halstead Funeral Home



TIONS

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11578

CERTIFICATE OF 11587 DEATH

			Reg. Dis	t. No
I. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASE	D
county Baltimore	MARYLAND	state Marylan	d county	
CITY (If outside corporate limits, write RURA and give nearest town) TOWN TOWN	LENGTH OF STAY , (in this place)	CITY (If outside corporate) OR	limits, write RURAL and give ne	rasi lown)
	4 years	TOWN Baltimo	re City	And the second
HOSPITAL OR Mercy Vi	lla	STREET ADDRESS	(If rural give location)	
STREET ADDRESS 6400 Bell		811 St.	Paul St.	✓
3. NAME OF (Fusi)	(Middle)		4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Sara	Daingerfield C.	arter	DEATH Dec.	24, 10 55
5. SEX 6. COLOR OR 7. S. RACE W	NGLE, MARRIED, B. DATE C	OF BIRTH 9.		TYEAR IF UNDER 24 HRS.
Female White W	revowed Octob	er 4, 1874	81 yrs. Months	Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even H	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	ountry) 1:	2. CITIZEN OF WHAT
retired) Tousewife	OK INODSIKI	Alexandria I	Virginia	COUNTRY? U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Reverdy Daingerfi	eld	Effie Nick	zelson	
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDR		olandvue Av
(Yes, no, or unk.) (If Yes, give wer or datas of s	srvice)	Mrs Morgan	La Montagne	OTAHUANG WA
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE T. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190., DATE OF OPERATION 190. MAJORITHMENT CAUSING DEATH.	· Arlenosel			20. AUTOPSY?
L'				YES AO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. OR CONTRIBUTING ☐ CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER). 21d. TIME OF INJURY (Month) (Dey) (Yeer)	JURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (Cos	nly) (Stata)
	M. at work . Not white .	211. HOW DID INJURY OCCUR?		
22. I hereby certify that 1 attended alive on 22. 19.5.	the deceased from and that death occurred at	10 PM, from the cause	es and on the date state (Streat, city, town, state)	last saw the deceased ad above. DATE SIGNED
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMETERY OR	CREMATORY C	CATION (City, town, or county	(State)
Burial 12-28-	Greenmount	: Cenetery 1	Baltimore Ma	ryland
24. REC'D BY REGISTRAR REGISTRARY DANTEC. 29 1955 Med	el Grayo	25. FUNERAL DIRECTOR'S SIGN Henry W. Jen		ADDRESS 1905 Co. York Ro

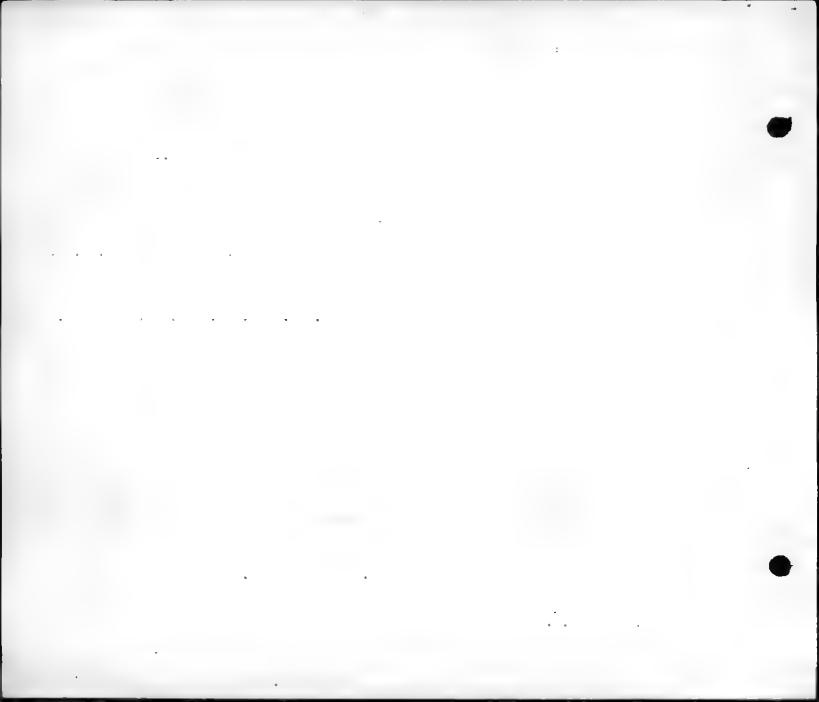
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MNG INK. Sumply svery item of information serefully. The

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ALL STATES	WITH
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}	a C
	TVD
	PIEASE TVPE OR

VS. A15-10-53

	maryland state departmen 11538 CERTIFICATI	1.1010				
death clearly and legibly.	I. PLACE OF OEATH: COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard 50 days HOSPITAL OR INSTITUTION OR	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET (If rural give location)				
the causes of death clear	* STREET ADDRESS Veterans Administration Hospi 3. NAME OF (First) (Middle) DECEASED: (Type or Print) JAMES CH	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: December 2, 1955 OF BIRTH: 9. AGE last birthday IF UNDER LYBAR IN UNDER E4 HRS.				
please write	Stephen Chapman Stephe					
ant. Physicians:	IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TASES L YEARS				
especially important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	story, 21c. WHERE DID (City or town) (County) (State)				
correct age is es	22. I hereby certify that attended the deceased from .Oct. **DOPEDDOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	.13, 155., to Dec. 2, 19.55, HEX DIRST GENERAL AND 12-5-55 ERY OR CREMATORY LOCATION (City, town, or county) Baltimore, Maryland				
		Charles R. Law Mortuary, 802-04 Madison Ave				



MANGIN RESERVED FOR BINDING

g. Dist. No. 43

		113)9 CERTIFICATE	OF DEATH	Reg. Dist.	No. 70
71.		NAME OF DECEASED STORYPE OF Print) FRANCES ROBER	TA CLAYTON	OF 12/	20/55
nddi	Α.	PLACE OF DEATH: Baltimore City, Maryland SALTIMORE, Mi	A. STATE ORUGONICE (W	B. COUNTY	before admission)
n s	HO	FULL NAME Of (limbt in lospital or institution, give street address or ospital or location) STITUTION STITUTION	C. CITY OR TOWN (II	outside corporate limits,	WORE Write RURAL and give township)
oly.	*	14 Chesley Ave.	VUERKEA		- A
legibly	c. Length of stay in Baltimore Life Mos Days		D. STREET ADDRESS (III)	rural, give location)	
ಶ್ವ	5.				the Days Hours Min
early an		EMAIC WHIIC WIDOU	March 31, 1882 41. BIRTHPLACE (State or fo	reign country) 1	2 CITIZEN OF
= <u>@</u>	1 0	INDUSTRY STANSTYCSS 4.5. Post 6ffice	Baltimore.	Md	WHAT COUNTRY!
th (V. V. V. V.
information of death cl	_	Abram Wayson	Sarah Ann	Ensor	
of		MAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	, ADI	DRESS
eause	1	No	Vorothy F. Lesher	- 14 Ches	INTERVAL BETWEEN
	1 4	18. 7. 1X. CAUSE	OF DEATH		ONSET AND DEATH
_ =	1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OKING DI	SEASE	FEB 55
write t		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DJF TO	**** ** * * * * * * * * * * * * * * *	12 + 4: + 1: 1 1: + 1 + 2 pm + 2 4: 4 444 444 444 444 444 444 444 444	####
15		ANTECEDENT CAUSES			
please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	*******	1-1 1· · · · · · · · · · · · · · · · · ·	**** ***** *** *** ********* ******
	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
ADING cians:	FIC	(C)			
	RTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BETES MA	5-2-6 7-755	10.10
Phys	OE I	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	76763		10 YRS
,		194 DATE OF OPERATION 198 CONDITION FOR WHICH OF		TION WAS RELATED TO	20 AUTOPSY?
ii.	4	210 TiME (Month) (Day, (Year) (Hour,) 212 INJURY OCCURR		R PART II	YES NO
especially int.	OF INJURY WHILE AT ROT WHILE AT WORK AT WORK				
eci.		22 I benefit contify that I attended the decreased from Till 1855 12/20/15 10			
design and the second		deceased alive on 19 and that death occurred at m., from the causes and on the date stated above			
W III		Wally Largen	4331 Harfor O	Rd.	23C. DATE SIGNED
t age	24A. BUR.AL. CREMA- 24S. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
rect		Burial Dec. 31,1955 Bosley Me	Thodist 3	Boarks - Bolto	County Md.
200	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS				
	W)	ec. 29-1955 (Mo. 11. 10. Melanion)	Xassahn Juneral	Home - 7401 C	Belair Rd.

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VS A15C 1-55 10M

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11590 CERTIFICATE OF DEATH

11581

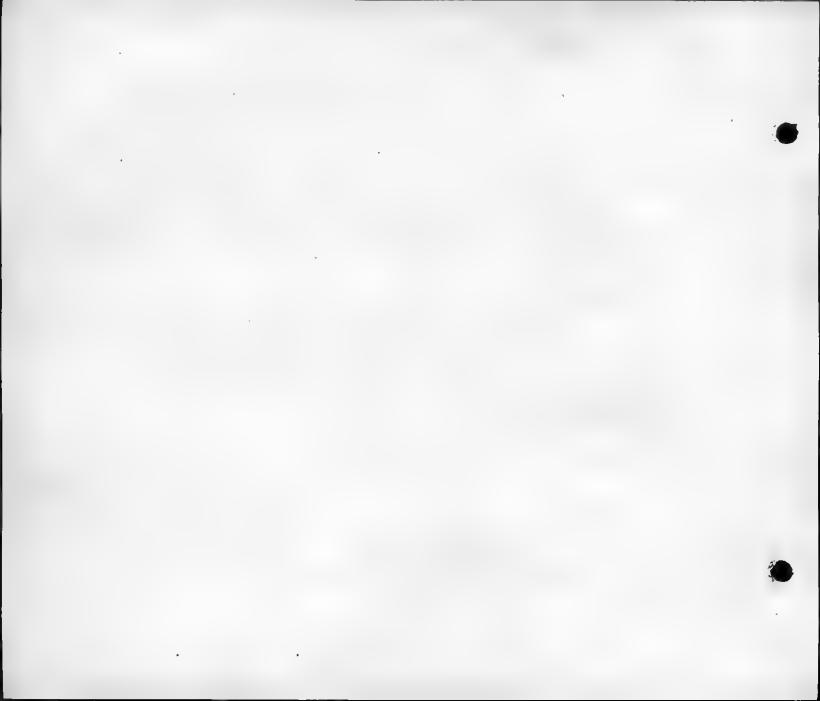
Reg. Dist. No. . 39.

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY Baltimore	MARYLAND	STATE Maryla	and county	Balti or	· e
CITY (It outside corporate limits, write RURAL OR end give nearest town) TOWN Parkville	LENGTH OF STAY (in this plece)		rete limits, write RURAL e		
HOSMIAL OR INSTITUTION OR STREET ADDRESS 9404 Fullerdal	Avenue	STREET ADDRESS 940	(trovel give) 4 Fullerda	ve location) 1 Avenue	
3. NAME OF (First) DECEASED (Type or Print) Mr. William	(Middle) F. Coff	(Lasi) Eev	4. DATE (Mor	December 1	(Yeer)
5. SEX 6. COLOR OR 7. SINGLE, MARI WIDOWED, D (Specify) ma	RIED, 8. DATE		9. AGE lest birthday	# UNDER 1 YEAR Months Deys	Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, Ki	IND OF BUSINESS R INDUSTRY	Baltimore da	er, land	12. CITIZE COUN US	
Unknown		Unknown	NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT & A	ret Cofley.		
IT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Bastri . Portal		hum	ONS	RVAL BETWEEN SET AND DEATH
DISEASE OR CONDITION CAUSING DEATH. 19 DATE OF OPERATION 19 MAJOR FINDINGS	S OF OPERATION	· · · · · · · · · · · · · · · · · · ·		20 YES	AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, ferm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(State)
W	e. INJURY OCCURRED hile Not while work et work	21f. HOW DID INJURY OCCU	27		
22. I hereby certify that I attended the decealive on the state of the		at 12 40 P.M. from the c		date stated above	
23. BURIAL, CREMATION REMOVAL (SPECIFE) Burial Dec. 17 195 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR DATE DEC. 15 195		dral Cemetery 25. Funeral director's Leonard J. Ru	SIGNATURE	e, Har, lan	
UNIC / PUT / 1/7 / 1/7 / 1/0. VC	· // v. / overso				

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11547 CERTIFICATE OF DEATH

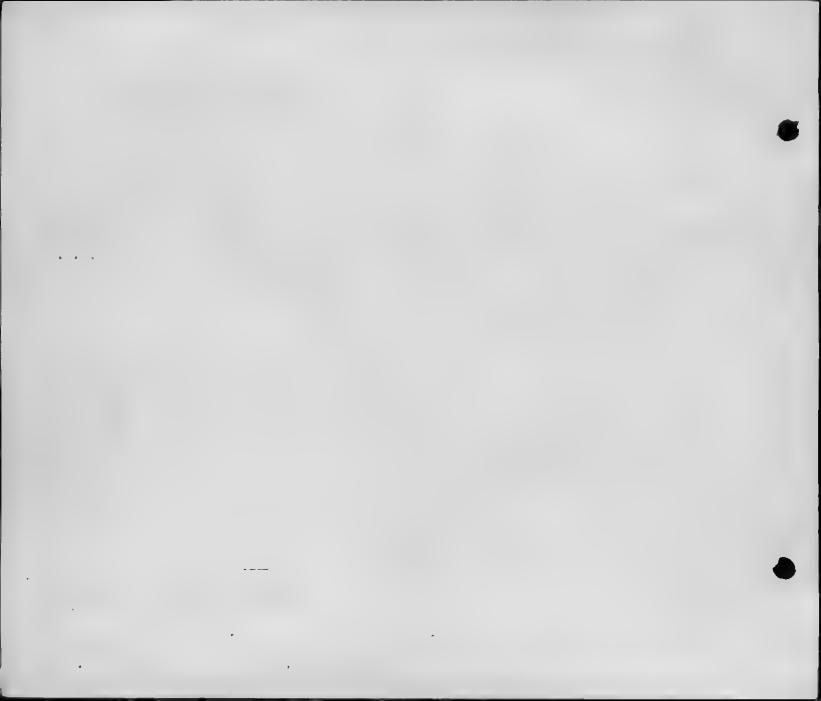
Reg. Dist. No. 41

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Baltimore MARYLAND	STATE Maryland county Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
53 TOWN Dundalk (In this place)	TOWN Dundalk 5.3
HOSPITAL OR	STREET (If rure) give location)
On STREET ADDRESS 7534 Durwood Road	ADDRESS 7534 Durwood Road
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yaar)
(Type or Print) EDITH I.	CONNOLLY DEATH Dec. 10, 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE, WIDOWED, DIYORCED,	
female white (Specify) married June	e 10, 1901 514 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY relired housewife at home	Illinois U.S.A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
William B Coatt	
WILLIAM B. Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	May Grace Green
(Yes, no, or unk.) (If Yes, give wer or dates of service)	/)34
	Thomas J. Connolly, Jr., Durwood Ro
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
17/X IMMEDIATE CAUSE (A) CARCINOMA	of Ceruix 440ars
200 70	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stella)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while May 1 work at work	211. HOW DID INJURY OCCUR?
	55
	19 1, to 19 1, that I last saw the deceased
alive on, 19, and that death occurred a	it
SIGNATURE SS	ADDRESS (Street, city, town, stele) DATE SIGNED
23. BURIAL CREMATION. I DATE THEREOF I NAME OF CEMETERY OF	Sig Cu the clear St
A DEMONAL (SDECIEN)	
burial 12/13/55 Moreland	Park Cemetery Parkville, Maryland
REGISTRAKO SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1555 Mm. P. Xeller	Wm. Ecok Jrc. 1217 St. Paul Street

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11548	
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Ref. 10535
	RTIFICATE OF DEATH No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (in this place)	CITY (If outside corporate limits write RURAL and give nearest town or Turners Station
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Oak Avenue	STREET (If rural, give location) ADDRESS 117 Oak Avenue
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF 30
(Type or Print) Derman Duvall 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	Cook DEATH 12 21 19 55
Male Colored WIDOWED, DIVORCED, 11	/15/55 6 weeks yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	DR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATE COUNTRY? Baltimore, Maryland U.S.A.
18. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Mattle Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. Informant & Address: Alec Cook 117 Oak Avenue
18. MEDIC	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Interstitial	Pneumonitis
DUE TO Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 💆 No 🗌
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY or CONTRIBUTING OF street, office bldg., etc.	y, 21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not INJURY M. work a twork	21f. HOW DID INJURY OCCUR?
22. I hereby cortify that I took charge of the remains descri	ibed above, held an Autopsy 🔼, Inspection 🗍, Inquiry 📋, an
	ident 🗌, Suicide 🗎, Homicide 🗎, Undetermined cause 🗀
SIGNATURE HUNK / MICH	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 12/21/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BEMOVAL (Specify): 12/22/55 Mt. Aubur	rp
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
124+)) HW Hearne	Charles R. Law 802-04 Madison Ave.
Data_	



VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11593 CERTIFICATE OF DEATH

Reg. Div. 11586. CERTIFICATE OF DEATH Reg. Dist. No.

×.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;	
legibly	COUNTY Ballings MARYLAND	STATE maryland COUNTY Balling	20
leg	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside comporate limits, write RURAL and give	ve nearest town)
ğ	OR and give nearest town), (in this place)	OR a	
and	Y TOWN Russ Stevenson 7 yrs.	TOWN fural, Stevenson	X
Ż	HOSPITAL OR	STREET (If rural give location)	1 /1
Sar	ISTREET ADDRESS Stivenson Rd lectorde	Stevenson Rd, exc	ended
death clearly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
유	DECEASED:	OF	and draw
ea	(Type or Print) Ga Belle	SOR DEATH: DEC 17	1953
	A BACE. & WIDOWED DIVORCED		Hours i Min.
s of	Homas white (Specify) seriale. 18	Jan 1894 81 yrs Months Days	AAGUTS MILIT
causes	IOA. USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINESS //	11. BIRTHPLACE (State or foreign country): 12. CITIZ	
BU	work done during most of working life. OR INDUSTRY:		NTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	5 9
the			
	Tewns Cook	Darah Calkwell	
write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	. 7
	(Yes, no, or unk) (If Yes, give war or dates of service)	mes Ke Truit, Stevenson V.	o. hod,
ease	18. MEDICAL CERTIFICAT	TON	RVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ET AND DEATH
_			
82	IMMEDIATE CAUSE (A)	eneralized arteriosclerosis,	6 mgs
Physicians	ANTECEDENT CAUSE (8)		0
sic	DISEASES OR CONDITIONS, IF ANY, (B)		
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST		
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
4	TO THE DEATH BUT NOT RELATED TO THE		
100	DISEASE OR CONDITION CAUSING DEATH,		
E	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY1
	none	YES	т Под√О
especially	21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (County)	(State)
Ċ.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
3De	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
4	OF INJURY While Mot while		
87	M. at work at work		
age	22. I hereby certify that I attended the deceased from 27 h	~11, 1953 to . 17 Nac., 1953 that I last saw	the deceased
œ	alive on 17 face, 1953, and that death occurred at.	3/5-P.M from the causes and on the date state	d shove
ct	SIGNATURE	ADDRESS , DATE SIG	
re	Have of House	o Reperillo 8 hd 170	cc 5-5-
correct	Vertical III VI VI VI	ERY OR CREMATORY LOCATION (City, town, or count	
_	REMOVAL (SPECIFY)		
	Removal 12/20/55 Hillside C	em. Rutherford, N.	J
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DRESS



NAU NAU

RSTRUCTIONS

hours after death.

11589

CERTIFICATE OF DEATH 11595

Reg. Dist. No. 30

I PERCE OF SERIE			
county Baltimore	MARYLAND	STATE M. COUNTY AND S	ARUNDOL
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give neete: OR	st town)
OR end give recerest town) Catonsville	(in this piece)	TOWN SEVERNA PK	VJX -
HOSPITAL OR House in Pines	Nursing Hom	STREET (If rurel give location) ADDRESS	
street Address 16 Fusting Aver	MAT DIME MON	Rings Alla.	
3. NAME OF (First)	(Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
DECEASED		OF	na 1 KC
VYTUDUTME	W.	COX	YEAR TIF UNDER 24 HRS
5. SEX 6. COLOR OR 7. SINGLE, MARE WIDOWED, DI	VORCED.	Months	Days Hours Min.
(Specify) W	Nov.	23, 1857 98 yrs. Morriss	110275
10e, USUAL OCCUPATION (Give kind of work 10b. Ki	ND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	home	Ireland	S.A.
13. FATHER'S NAME	поше	1 14. MOTHER'S MAIDEN NAME	a Jar. a
	- t		
William J. Wrigh		unknown	
	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1419 John
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Miss Ellen L. Cromwell,	Street
	18, MEDICAL CE		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	termina.	in HEART I FT.	ONSET AND DEATH
· IMMEDIATE CAUSE (A)	15 000 160/	L ASPAT LATE	6 VILS
ANTECEDENT CAUSE(S) DUE TO			1
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19a, DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY?
			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, ferm, fectory, affice bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)] 21e	. INJURY OCCURRED	2H. HOW DID INJURY OCCUR?	
M. et	nile Not while		
an a feedbar seether had better to be to	100	19.55, to Dec , 19.55, that I le	art care the decessed
	d that death occurred a	t	
SIGNATURE 1	e at at	ADDRESS (Street, city, town, state)	DATE SIGNED
Tours J. C.	M.D.	BAX 343 Secrenia Panic	110/
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF		(State)
burial 12/23/55	St. Mary	's Cemetery Annapolis,	Maryland
24. REC'D BY REGISTRAR REGISTRAD'S SIGNATUR			DDRESS
TELL OFF	7	Non Courte De 1217 St.	Paul :+
BATE U IUUU . G. A.	arry s	11m oouth me -ELI DU	raur of

DEC 8.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11596 CERTIFICATE OF DEATH

115⁵() Reg. Dist. No. 35

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY BALTIMOYE MARYLAND	STATE Maryland COUNTY Ballamore
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give naerest fown) OR
	* TOWING Ural- Freeland 35 yrs.	TOWN Fural- Free and
	HOSPITAL OR INSTITUTION OR A	STREET (rural giva location) ADDRESS
	STREET ADDRESS TECHY MILL Rd.	Keeny Mill Rd.
	3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Day) (Year)
	(Type or Print) Emma Ketta	Y7/0. DEATH 00. 13 1855
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	
	Temale White Ispetity dow. June	29/866 89 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, event if OR INDUSTRY /	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	rollred thuse wife Oun home	Eduinox N. Y. 1. S.A.
	13. FATHER'S NAME	V., MOTHER'S MAIDEN MAME
	Whediah Palmer.	Angeline Armstrong
	15. WAS GECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no of unk.) (If Yas, give war or dates of service)	17. OF ORMANY & ADDRESS
	(Yas, ng of unk.) (If Yes, give war or dates of service)	Mrs Holeno itheingen Freekand
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	4 ARTERIUSC	LEROSIS 10 YM.
	ANTECEDENT CAUSE(S) DUE TO	0 1
	DISEASES OR CONDITIONS, IF ANY, (B)	1540hosis 2 months
	STATING UNDERLYING CAUSE LAST. DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homa, Jarm, Jaciory,] 2	YES NO
	21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Homa, farm, faclory, OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) [22b. PLACE (Homa, farm, faclory, OF INJURY street, office bidg., atc.)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	RII. HOW DID INJURY OCCUR?
	M. et work at work	
	22. I hereby certify that I attended the deceased from 10-19	195 , to 14 195 , that I last saw the deceased
	alive on 12712 and that death occurred at	31.32M, from the causes and on the date stated above.
NO.	signaturé de la transfer de la constante de la	ADDRESS (Street, city, town, state) DATE SIGNED
9	23. BURIAL, CREMATION, DATE THEREOF & NAME OF CEMETERY OR	COUNTRY LOCATION CO.
Ų.	REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stata)
₹	24. RÉC'D BY REGISTRAR I REGISTRAR'S SIGNATURE	1 25: FUNERAL DIRECTOR'S SIGNATURE / NADDRESS
}	0/50 00 ~	25: FUNERAL DIRECTOR'S SIGNATURE
	DATE 12/16/55 Colored Freder	of the our Harling van Men Halland



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11597

11591

Reg. Dist. No. 38

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Baltimore Maryland	state Maryland county
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) Paricille (in this piece)	TOWN Baltimore
HOSPITAL OR Oak Haven Nursing Home	STREET (H rurel give location)
STREET ADDRESS 9008 Harford Road	ADDRESS 2402 E. Federal Street
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Mr. Denton Allan Cull	ison Death December 24 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,	
male white (Specify) widowed Sept.	18, 1880 75 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CYTIZEN OF WHAT COUNTRY?
	Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes, no, or unk.] (If Yes, give war or detes of service) 217-09-5817	Mr. Gordon W. Cullison 5011 Oaklyn Ave
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
15/X IMMEDIATE CAUSE (A) Carcin oma	, s Tomacr
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT BELATED TO THE	are considered
DISEASE OR CONDITION CAUSING DEATH. ATTEM OS CIERO Se. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
175, MAJOR PHOINGS OF OFERALION	YES NO T
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 20 CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work ot work	
22. I hereby certify that I attended the deceased from Sept	
alive on Dec. 27. 19.5.5. and that death occurred at.	
STERUTURE /	ADDRESS (Straet, city, lown, state) DATE BIGNE
Manden (Severel M.D.	5101 Belair Cd 12/24/5
3. BURIAL, CREMATION, POATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Slate)
/Burial Dec. 27. 1955 / Baltimore	Cemetery Baltimore, Maryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck, 5305 Harford Road #14

z 'A' n luna

DEC 22 1935

CERTIFICATE OF DEATH

			2
g.	Dist.	No.	20

correct 11598 FOR MEDICAL EXAMINERS Re The 1. PLACE OF DEATH 2. USGAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARY/BNJ MORE MARYLAND of information carefully. death clearly and legibly. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) SALTIMORE EN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (II rural, give location ADDRESS ERM:S 3. NAME OF 4. DATE (Month) (Middle) (Day) DECEASED (Type or Print) DEATH 9. AGE last birthday | If under L/year (If under 24 hrs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORGED, 5. COLOR OR RACE Months | Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY done during most of working life, even if retired) COUNTRYTA Supply every item write the causes of PECRAIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS AND (Yes, no, or unknown) | (If yes, give war or dates of 15-12-5586 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. 47. Immediate cause JNFADING I Physicians: 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. D. L WITH important 20. AUTOPSY? 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No I 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) PLAINLY, sespecially i TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Nnt while INJURY work at work | 22. I certify that I took charge of the remains described above, held an Autopsy ., Inspection ., Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted (z.) from: nglural causes [] accident [], suicide homicide], undetermined []. WRIT DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) LOCATION (City, town, or county) (State) EASE MORE AND MEM 24. EUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL

MARGIN RESERVED

BUREAU V. S.

DEC 1₹ 18°2

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: L PLACE OF DEATH: STATE Maryland Baltimore COUNTY COUNTY legibly MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Colgate OR carefully (in this place) TOWN Colgate and HOSPITAL OR STREET (if rural give location) ADDRESS INSTITUTION OR street Address 7526 Carson Ave. 7526 Carson Ave. clearly information (Year) 4. DATE (Month) (Day) 3. NAME OF (Middle) (Last) (First) DECEASED: GEORGE CURTIS Dec. DEATH: (Type or Print) 9. AGE jast birthday: IF UNDER I YEAR IF UNDER 24 HRS. death 5. SEX: 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 6. COLOR OR WIDOWED, DIVORCED, RACE: Months | Days Hours (Specify): Widowed Male Nov. 29, 1876 11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WHAT **4**0 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION, Give kind of COUNTRY? work done during most of working life, INDUSTRY: item even if retired): Laborer U.S.A. Maine 50 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: can Richard Curtis 15 WAS DECEASED EVER IN U.S.ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Mrs. Eleanor Tat 7526 Carson Ave. No. write service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Erioselestie Cardio-Vascular disease Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause MARGIN stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH 20. AUTOPSY ? important 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (STATE) (COUNTY) (CITY OR TOWN) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) office bldg., etc.) SUICIDE PLAINLY INJURY HOMICIDE INJURY OCCURED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) pecially (Hour) While at Not While INJURY Work | At Work 1955, to lec 1.5. 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from, from the causes and on the date stated above. 5 , and that death occurred at WRIT (Degree or title) anungustre LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (Specify) (1) Dec. 17. 1955 Parkwood ⋖ 24. FUNERAL DIRECTOR DATE REC'D BY LOCALI REGISTRAR'S SIGNATURE PLE A15Ullrich Funeral Home 2112 Dundalk Ave.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11594Dist.

WILLIAM T WATER	D DILLE DIRECTOR	01 11111111111111111111111111111111	in in the country	1.1	C. C. L.
MEDICAL	EXAMINER'S	CERTIFICAT	E OF	DEATH	No

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No
. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	/
COUNTY BALL. MARYLAND STATE MA. COUNTY RECE	luga:
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town).	give nearest town)
rown " 117 m Most 2 mil Town 1836 (18 18	
OSPITAL OR ANDRESS TO A SOLVEN THE ADDRESS 1214 E GILD SOLVEN	y Lane V
NAME OF (First) (Middle) (Last) (DATE (Month) (Day),	(Year)
DECEASED: Type or Print) KATHERINE 116 KIS 7 ANNA DEATH ACC	19 5
JEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: 12 UNDER 1 YES (Specify): 12 JANA X 3-11-12 43 yrs. Months Day	
a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILA
FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Samuel Cammarata 3tella Gilla	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO: 17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service) That. It is a like un	
18. MEDICAL CERTIFICATION	INTERVAL BETWEE
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEAT
Immediate cause (a) Fractured L. anfulc, have the purity Antecedent cause(s) Diseases or conditions, if any, (b) Jumped from 7th ff roof	Instant
Antecedent cause(s) Tumolol Lynn 7th Wirel	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last	
(c)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	1048
a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
apr 151 Pulmonary Ibc.	Yen 🗋 No 💆
S. EXTERNAL CAUSE WAS 21b. PLACE (Home farm, factory, 21c. (City or town) (County)	(State)
RIMARY M or CONTRIBUTING OF extreet office bldg., etc Truck The last of the	rod
OF INJURY IN THE TOTAL While at work in the work in th	
2. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection D,	
find that death resulted from: Natural causes [], Accident [], Suicide [A], Homicide [], Undeterm	nined cause
GIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countermodule).	nty) (State)
Burial 12/13/55 New Cathedral Com Balto Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 23 YUNERAD DIRECTOR	/) ADDRESS
DATE BEEN DE DOORD ! BEGISTRATE STORKLOUE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 MARIEDO

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



TYPE OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE

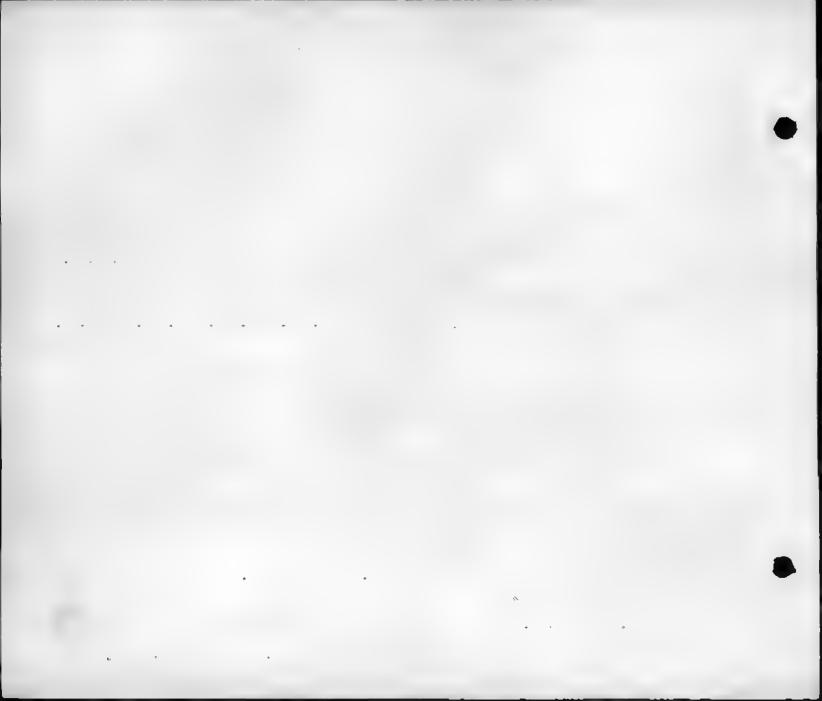
Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11595

11	691	9,	CERTIFICATE	\mathbf{OF}	DEATH
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Reg. Dist. No.

		The state of the s		
oly.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D	
and legibly	county Baltimore MARYLAND	state Maryland county		
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY			
nd	OR and give nearest town) (in this place)	I DR		
	Z TOTO HOWAIG 129 Days	TOWN Baltimore ?**	- Y	
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS		
8	* STREET ADDRESS eterans Administration Hospita	1 1017 Rutland Avenue	1	
[2]			Day) (Year)	
death clearly	DECEASED: (Type or Print) ADOLPH	AVIS OF DEATH: December	27 1955	
de		OF BIRTH: 9. AGE last birthday is unpen in		
of	Male Colored (Specify): Married January	70 11 1 1	ays Hours Min.	
	Mate Colored Married Candar	11. BIRTHPLACE (State or foreign country): 12.	0.51	
ns.	WORK done during most of working life. OR INDUSTRY:		COUNTRY?	
င်ဒ	even if retired): Laborer Steel Mill	Thomasville, Alabama U.	S. A.	
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME		
d)	Eugene Davis	Viola Burson		
write the causes	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST , IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.		
	(Yes, no, or whic.) (If Yes, give war or dates Yes of service) WW I 213-09-1350	Clin, Rec., Vet. Adm. Hosp., Ft. How	and Ma	
SE	18. MEDICAL CERTIFICAT			
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN	
Н.	1/- 9)		OUSE! NUD DENIH	
603	IMMEDIATE CAUSE (A) BRONCHOGENI(C CARCINOMA OF RIGHT UPPER		
Physicians	ANTECEDENT CAUSE (8)	TASTASIS TO MEDIASTINAL		
Sic	DISEASES OR CONDITIONS, IF ANY. (B) LYMPH NODES AND BLAIN		6 MONTHS	
Ę.	GIVING RISE TO THE ABOVE CAUSE DUE TO		O INMITED	
	STATING UNDERLYING CAUSE LAST. (C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1	
1 to	TO THE DEATH BUT NOT RELATED TO THE			
å,	DISEASE OR CONDITION CAUSING DEATH.			
iii	138. MAJOR PHOMAS OF OFERATION		20. AUTOPSY?	
>1	4.2		YES NO	
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (INJURY OCCUR?) (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work			
VA				
90	22 I hereby certify that Kattended the deceased from Nov. 28 , 1955, to Dec. 27, 1955, Mat Allast X salvathe X deceased N			
correct a	MINE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
orr	Donald D. Mark, M. D.	. D VAH, FORT HOWARD, MARYLAND 1	2-27-55	
Ÿ	DEMOVAL (EDECIEV)	ERY OR CREMATORY LOCATION (City, town, or	county) (State)	
	Burial 1/2/30/5 5 Baltimore National Cem. Baltimore, Maryland			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	



11602

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

I COUNTY II STATE	ESIDENCE (HOME) OF DECEASED COUNTY					
Dollingra MARVIAND	nd Prince George's County					
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If	ad Prince George's County outside corporate limits, write RURAL and give nearest town)					
52 OR give nearest town OR TOWN Roll timere	Cheverly // Constant					
HOSPITAL OR STREET	(If rural, give location)					
/4 INSTITUTION OR ADDRESS Spring Grove Hospital						
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN HOSPITAL OR HOSPITAL OR STREET ADDRESS Spring Grove Hospital 3. NAME OF (First) (Middle) (Lest)	2814- 63rd Ave.					
DECEASED (Made)	4. DATE (Month) (Day) (Year)					
E de (Type or Print) John Wesley Dean	DEATH Dec. 1 19 55					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF	Branch f Danie 12 57					
Male White WIDOWED, DIVORCED, 6/14/1	,009 (06, yrs.)					
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of 11. BIRTHP	LACE (State or foreign country) 12. CITIZEN OF WHAT					
done during most of working life, even if retired) INDUSTRY	Maryland COUNTRY?					
13. FATHER'S NAME	R'S MAIDEN NAME					
Debaut Been	enkins					
Robert Dean 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORM	ANT AND ADDRESS					
(Yes, no, or unknown) (If yes, give war or dates of Inknown service) Spring						
UNKNOWN iservice) Spring	Grove Hospital Records, Catonsville.					
IR. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
9.4						
Immediate cause (a) Acute Cardiac Failure	Immediate cause (a) Acute Cardiac Failure					
Za						
Diseases or conditions, if any, (b) Hypertensive cardievascs	Antecedent cause(s) Dispases or conditions, if any, (b) Hypertensive cardievascular disease with					
giving rise to the shove cause	the area to a second of the se					
stating the underlying cause last deny dratton.	stating the underlying cause last dehydration.					
© Fracture of right hip.						
Antecedent cause(s) Dispases or conditions, if any, (b) Riving rise to the shove cause stating the underlying cause last (c) Fracture of right hip. Conditions contributing to the death but not	Montal liless					
: related to the disease or condition causing death.						
= 5 19a, DATE OF OPERATION 1 19b, MAJOR FINDINGS OF OPERATION						
Tid the state of t	20. AUTOPSYT					
E C / / / / / / / / / / / / / / / / / /						
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN), (COUNTY) (STATE)					
21. EXTERNAL CAUSE WAS PRIMARY (FOR CONTRIBUTING OF Office bldg., etc.) CALSE OF DEATH	(CITY OR TOWN), (COUNTY) (STATE)					
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY [Jos CONTRIBUTING []] OF office bldg., etc.) CALSE OF DEATH. Cato	Yes No T					
	(CITY OR TOWN) (COUNTY) (STATE) RVIILE Baltimere Maryland INJURY OCCUR?					
	(CITY OR TOWN) (COUNTY) (STATE) REVILLE Baltimere Meryland					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Sept. 10, 1955 m. While at work at work 22. I certify that I took charge of the remains described above, held an Autorsy I	(CITY OR TOWN) (COUNTY) (STATE) AND INJURY OCCUR? Ent fell out of bed INSURY OCCUR? Insure of the evidence					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID OF INJURY Sept. 10, 1955 m. While at work at work 22. I certify that I took charge of the remains described above, held an Autopsy], I	(CITY OR TOWN) (COUNTY) (STATE) Aville Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection 3. Inquiry 3. thereon and from the evidence					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID OF INJURY Sept. 10, 1955 m. While at work at work 22. I certify that I took charge of the remains described above, held an Autopsy], I	(CITY OR TOWN) (COUNTY) (STATE) Aville Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection 3. Inquiry 3. thereon and from the evidence					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Sept. 10, 1955 m. While at work at work 22. I certify that I took charge of the remains described above, held an Autorsy I	(CITY OR TOWN) (COUNTY) (STATE) Aville Baltimere Meryland INJURY OCCUR? Cont fell out of bed Inspection x, Inquiry x thereon and from the evidence the day stated above, and death in my opinion resulted in the day stated above. Color of the day stated above and death in my opinion resulted in the day stated above. Color of the day stated above and death in my opinion resulted in the day stated above.					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID OF INJURY Sept. 10, 1955 m. While at work at work 22. I certify that I took charge of the remains described above, held an Autopsy], I	(CITY OR TOWN) (COUNTY) (STATE) Aville Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection 3. Inquiry 3. thereon and from the evidence					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Sept. 10, 1955 m. While at work at work Patie 22. I certify that I took charge of the remains described above, held an Autopsy], I obtained by said Autopsy, Inspection or Inquiry, find that wid deceased died on from: natural causes , accident X, suicide , undetermine SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection x, Inquiry x thereon and from the evidence the dry stated above, and death in my opinion resulted do lolo Leeds Avenue DATE SIGNED Dec. 1, 1955					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at Not while at work 22. I certify that I took charge of the remains described above, held an Autopsy, I, I obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on from: natural causes, accident x, suicide 3, homicide 3, undetermine SIGNATURE Occurred by Autopsy, Inspection or Inquiry, find that said deceased died on the said deceased die	(CITY OR TOWN) (COUNTY) (STATE) Baltimere Meryland INJURY OCCUR? ent fell out of bed respection of Inquiry of thereon and from the evidence the dry stated above, and death in my opinion resulted 1010 Leeds Avenue DATE SIGNED Dec. 1, 1955					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Sept. 10, 1955 m. Work Int work Int work INJURY Sept. 10, 1955 m. Work Int work I	(CITY OR TOWN) (COUNTY) (STATE) Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection x, Inquiry x thereon and from the evidence the dry stated above, and death in my opinion resulted death in the dry stated above. DATE SIGNED Dec. 1, 1955					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Sept. 10, 1955 m. Work Int work Int work INJURY Sept. 10, 1955 m. Work Int work I	(CITY OR TOWN) (COUNTY) (STATE) Baltimere Meryland INJURY OCCUR? ent fell out of bed Inspection x, Inquiry x thereon and from the evidence the dry stated above, and death in my opinion resulted do lolo Leeds Avenue DATE SIGNED Dec. 1, 1955					

MARGIN RESERVED FOR BINDING

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

11603

CERTIFICATE OF DEATH

11597

20-

	FOR MEDICAL	CAAMENERS	Reg. Di	ist. No. 50
COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (HOSTATE MARY	LAND CI	DUNTY
CITY (If outside corporate limits, write RURAL OR give nearest town) ARKVILL		CITY (If outside corporate OR TOWN PARK)	limita, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8304 4	MR FORD Rd	STREET ADDRESS 8304	HAR FORd	rion) Rd
3. NAME OF (First) DECEASED (Type or Print) (Ames)	(Middle)	De OMS SR	4. DATE (Mont OF DEATH De	
MIN	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) MAZZICA	S. PATE OF BIRTH S	AGE last birthday II	under I year II under 24 hrs. Ionths Days Hours Min.
dutie during prost by working life, even it refired) I	NDUSTRY ELS-EMPL.	MARY LAN	oreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME LARLES Dec	Om5		PRCOUR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 46-05-8293	17. INFORMANT AND ADI		304 HARTORD Rd.
I. DISEASES OR CONDITIONS DIRECTLY LE	18. MEDICAL CENTRY TO DEATH	P	0.	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases are conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing in the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINI				20. AUTOPSY!
CAUSE OF DEATH. OF ON INJURY	(Home, farm, factory, street, flice bldg., etc.)	(CITY OR TO	WN) (COI	UNTY) (STATE)
OF W	JURY OCCURRED oile at Not while ork at work	HOW DID INJURY OCCU	IR?	
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or In from: natural causes arcident , so SICNATURE	iguiry, nna inai siya aeceo	isea area on the aru statea :	Inquiry thereon above, and death in	and from the evidence my opinion resulted
23. RUPHAL, CREMATION DATE THEREOF REALOVAL (Specify) 12 - 21 - 5	NAME OF CEMETER		CATION (Gity, town, o	r county) (State)
DATE REC'D BY LOCAL RECESTRAR'S SIG	NATURE SALTIN	1 & Pe	DALLIMOR	ADDRESS .
REG. 12/27/55 (1. AL. B)	acre	Chas F. EVAI	rs & Son	8802 HARTERD Rd

14.

24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the leash mailticate be filed with the registrar within 72 hours after death. After this certificals has been executed by the manufactor and complities in by the funeral director, the third copy of this deall certificals assemily should be demonsted for use as a florial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11598

11604

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF PEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY DALTIMORE MARYLAND	STATE MARYLANDCOUNTY DALTO.		
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR		
	55 TOWN TONSON	TOWN TOWSON		
	HOSPITAL OR	STREET (If Three paye location)		
	INSTITUTION OR 2 20 DRANDON TO.	ADDRESS 220 DRANDON TO.		
		Hest) S (Vear)		
	(Type or Print) JOSEPHINE ESTELLA	DEATH 12- 3- 1955		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.		
	FEMALE WHITE WEDGENOWED JULY	20, 1878 77 yrs. Months Days Hours Min.		
	10e, USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY	11. BIRZHPLACE (Stein or foreign country) 12. CITIZEN OF WHAT		
	ratired TET, TED HOUSEWIFE	DALTO. M.D. COUNTRY?		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	JOSEPH P. JLEE	SARAN CEDWARDS		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
	(If Yes, give wer or dates of service) 215-03-987	TYTES. MARY COOK- 220 DRANDED.		
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH"	TIFICATION INTERVAL BETWEEN ONSET AND DEATH		
	4437 MMEDIATE CAUSE (A) Cerebrol	Hemorliago Iday		
	NUT 70			
	DISEASES OR CONDITIONS, IF ANY, (B) CATTLETO Self	entic Cardio Capcular / year.		
	STATING UNDERLYING CAUSE LAST, DUE TO	Lyper Ley seon		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.			
	198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
		YES NO		
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2	21f. HOW DID INJURY OCCUR?		
	M. at work at work			
	22. I hereby certify that I attended the deceased from 1951, to 3-Ale., 1955, that I last saw the deceased			
	// // // // // // // // // // // // //			
5	SIGNATURE	ADDRESS (Street, city, fown, steet) DATE SIGNED		
5 10M	C (cas 10 Eluned/M.D. 2	746 My Harreda 3-Dec-5		
1-55	23. SUBJAL, CREMATION. DATE THEREOF I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)		
MIIIC	BURIAL 12/5/55 WESTERN	CEM. DALTO. MD.		
S>	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE CADDRESS 44905		
	DEC 5 1955	H.W. JENGINS "DJONS CO. YORKRI).		



BALIVA A' &'

DEC 50 1955

The verified

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11550 CERTIFICATE OF DEATH

11600

Reg. Dist. No......

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
county Baltimore	MARYLAND	STATE Marv	and county	Baltimo	nra .
CITY (Il outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL er		
OR end give neerest town) TOWN Arbutus	(in this place)	TOWN Arbut	1115		51
HOSPITAL OR		STREET	(If rurel giv	e location)	
INSTITUTION OR STREET ADDRESS 2215 Sulphur S	pring Road	ADDRESS 2215	Sulphur S	pring Ro	oad
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mon	th) (Dey)	(Year)
(Type or Print) JOHN	M.	EAKMAN	DEATH De	c. 16,	1955
S. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI	MED, 8. DATE (OF BIRTH S	AGE last birthdey		IF UNDER 24 HE
male white (Specify) ma	arried Oct.	29, 1884	71 yrs.	Months Deys	Hours Min
done during most of working life, even if Ol	ND OF BUSINESS	11. BIRTHPLACE (State or foreig	an country)	12. CITIZEI COUN	N OF WHAT
retired Store Keeper Gauger	- Int.Rev.	Pennsylvar	nia	U.S.	
13, FATHER'S NAME		14. MOTHER'S MAIDEN N			
John M. Eakman		Hattie E.	Davis		
	S. SOCIAL SECURITY NO.	17, INFORMANT & A			Ro
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Many E B	Lakman, 22	15 Sulni	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	tensi	e Cardware utie	neulem	Duene	Typas
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			YES YES	. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
Whi	INJURY OCCURRED le Not while ork of work	21. HOW DID INJURY OCCUR	7		
22. I hereby certify that I attended the dece alive on 2-16 1955 and SIGNATURE John P. Urleck		12:20 AM, from the ca	euses and on the d	ate stated above	
23. BURINI, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county)	(Stete)
Burial 12/19/55	Parklawn (Rockvill		aryland
24. REC'D BY REGISTRAR PEGISTRAR'S SIGNATURE	9/11	25. FUNERAL DIRECTOR'S S		ADDRESS	
Selle Wille	1 7 . //	Illan L	1919	St. Pai	17 C+n



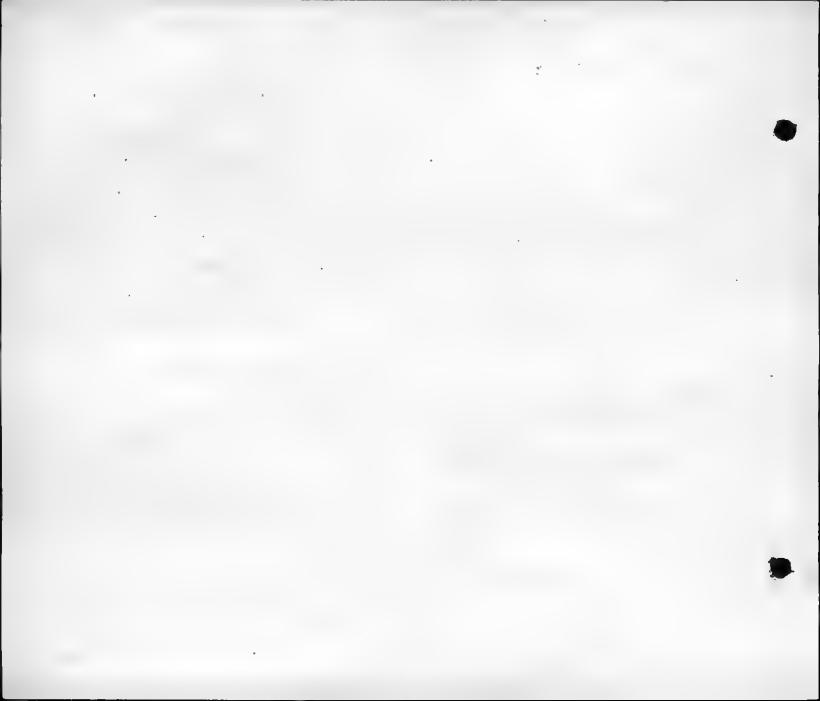
11606	CERTIFICATE	OF DEAT	rH	Reg. Dist. No. 35
1. PLACE OF DEATH:	i	2 USUAL RESIDENCE	CE (HOME) OF DE	CEASED:
COUNTY BALTIMORE	MARYLAND	STATE MARY	LAND	COUNTY Balto.
COUNTY BALTIMORE CITY (If outside corporate limits, write or and give nearest town) TOWN PARKTON P.O. HIOSPITAL OR INSTITUTION OR	te RURAL LENGTH OF STAY (in this place)	OR TOWN Park	fon P.O.	e RURAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARSONAGE	Rd., RATVILLE	STREET ADDRESS Pars	onage Ro	give location) I. Rayville
3. NAME OF DECEASED: (Type or Print) - 10 7/1/ 5. SEX: S. COLOR OR RACE: WID (Spe	(Middle)	,	4. DATE (Mont	th) (Day) (Year)
5. SEX: 5. COLOR OR 7. SING	GLE, MARRIED, 8. DATE	OF BIRTH: 9.	AGE last birthday:	IF UNDER 1 YEAR) IF UNDER 24 HRS.
RACE: WID	owed, divorced, Dec. 12	2.1878	77 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) of to be taken as	Batto. Con Metro. Dis	ti Birthplace (\$	State or foreign cou	ntry): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	Dallo. Con METTO. DIS	14. MOTHER'S MAIDE	N NAME:	0 - 101.
13. FATHER'S NAME: HENCY ENGLYS 15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, of unk.) (If Yes, give war or dates of		Elizabeth	Bense!	
15 WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDR	ESS:	
NO service) None		Family Reco	rds	
	18. MEDICAL CERTIFICATION	ON		Interval Betwee
1. DISEASES OR CONDITIONS DIRECT.	LY LEADING TO DEATH	, 1		Onset And Deat
	(a) Chebral	through	oess	* Kay.
Antecedent causes (s)	E 10			
I ELAIUE LISE OF THE TROAS CTREE	(b)			
the same and and same same				
11. OTHER SIGNIFICANT CONDITIONS	(c)			
Conditions contributing to the death but related to the disease or condition causing	not ng death.			
19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATION			20. AUTOPSY T
21. ACCIDENT (Specify) PL	CE /H f	(CITY OR TOWN)	(COUN'	Yes No T
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CIII OK IOWA)	(COUNT	(DIAIL)
TiblE (Month) (Day) (Year) (Hour)	INJURY OCCURED	HOW DID INJURY	OCCUR?	
OF INJURY m.	While at Not While Work At Work			
22. I hereby certify that I attended	the deceased from 12/11/5	7,19 to /3/	15/53 19 , t	hat I last saw the deceased
alive on (2/17/19, 19, and SIGNATURE	that death occurred at	ADDR	he causes and or	the date stated above.
a. m. France	- pr. red	of architim	- had	12/13/5-5
23. BURIAL, CREMATION, DATE THER REMOVAL (Specify)	REOF NAME OF CEMETER	RY OR CREMATORY		town, or county) (State)
Burial Vec. 1/11		hern Cem.	Sweet Air,	Balto. Co., Md.
REGISTRAR		24. FUNERAL DIRECT	OR J	-Z-ADDRESS
12-20-55 Mrs Hoe	vard 5. Marline	HOWN LOWING	e some	TOWRON, VUG.

VS. A15

BUREAU V. E.

DECEINED

The	11607 CERTIFICATE		10. 30
Ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
tion carefully.	COUNTY Balto. MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN (atonsville)	STATE Md. COUNTY Balto. CITY(If outside corporate limits, write RURAL and OR TOWN Catonswille	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 6628 Altamont Ave.	STREET (If rural give location) ADDRESS 6628 Atlamont Ave.	
m of death	DECEASED: (Type or Print) EMMETT W. ENTRIKEN	Leat) 4. DATE (Month) (Day OF DEATH: DeC.) OF BIRTH: 9. AGE last birthday IF UNDER: YEAR	20, 19 55
G every auses	male white (Specify): married July 10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: even if retired):physico therapist -self emp	11. BIRTHPLACE (State or foreign country): 12. CIT	Hours Min.
BINDIN Supply ite the ca	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
X X ¥	Samuel C. Entriken 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates Yes of service) World War No I	Emma Waggoner 17. INFORMANT & ADDRESS: Mrs. Ethel Entriken-6628 Alta	amont Ave.
MARGIN RESERVED FO Y, WITH UNFADING IN tant. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	ION	STERVAL BETWEEN NSET AND DEATH 5 min. 2 yr.
MAR PLAINLY, W lly important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WRITE PLA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
PLEASE TYPE OR 'correct age is	22. I hereby certify that I attended the deceased from	9 a. M, from the causes and on the date stand ADDRESS DATE D. 3408 Wulst Owl. ERY OR CREMATORY LOCATION (City, town, or convince) National Cem. Catonsville, M	signed 2/27
	12-03 34 /100 /100 000	in it is the war to the	na



FINA TOTAL

Essex Md.

MARYLAND STATE DEPARTMENT OF HEALTH 11600

11003	CERTIFICAT	TE OF DEAT	CH		
\	FOR MEDICAL	LEXAMINERS	Re	g. Dist. No	* :-0:-:::::::::::::::::::::::::::::::::
1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Md.		tigopery	
CITY (If outside corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RU	RAL and give	e nearest town)
OR give nearest town) TOWN Middle River	(in this place)		e River		2.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROX524	RT 16	STREET ADDRESS	(If rural, giv	e location)	• "
NAME OF DECEASED Robert (First) Stew (Type or Print)	art (Middle) Flecke	enstine	4. DATE OF DEATH	(Month)	(Pay) (Year) 14 1955
SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWEDS DIVORCED, (Speelfy) SINGLE	B. DATE OF BIRTH Dec 20, 1918	9. AGE last birthd	Months (year If under 24 hi Days Hours Mit
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Laborer	10b. Kind of Business on Industry Rheems	11. BIRTHPLACE (State			CITIZEN OF WHA
FATHER'S NAME	THE EMP	14. MOTHER'S MAIDEN	NAME		- U o - D o - Atito
Karl S. Fleckenstine		Marie Baum			
Was DECRANED EVER IN U.S. ARMED FORCES (es. no. or unknown) (II yes, give war or dates of the control of the	1 16. SOCIAL SECURITY No.	17. INFORMANT AND A	DDRESS		
2	<u> </u>	Parent	Same		
DISEASES OR CONDITIONS DIRECTLY	//				INTERVAL BETWEE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	gulenning C	Carlie Vancer	lu sera	el	5 years
OTILER SIGNIFICANT CONDITIONS			lesear		1
Conditions contributing to the death but not related to the disease or condition causing deat		<u> </u>			45 41500 0001
9a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
I. EXTERNAL CAUSE WAS PLA PRIMARY OB CONTRIBUTING OF OF INJU-	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CCURT		
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection of from: natural causes it accident SKINATURE	r Inquiry, find that said dece	ased died on the dry state], Inquiry _] the ed above, and dec	ereon and) th in my	from the evidence opinion resulted DATE SIGNED
2) BI RIAL, CREMATION DATE THEREOUS REMAINS TO Specify) 12-15-			LOCATION (Chy, t		y) (State) Pa.

age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 116:1

1. PLACE OF	DEATH					2. USUA	L RESIDEN	CE (HOME) OF	Reg. Dis		
COUNTY	Baltin	nore									
CITY (Houls	side corporata limits,			MARYLA	STAY	STATE CITY (Md . H outside corpora	COUNT ta limits, wata RURA	ry Bal		
OR and gl	ve nearest town) Milford			(in this pl	OS.	OR		ford			
HOSPITAL OR INSTITUTION (STREET ADDRE		1 Durl	Ley La			STREET	s 3604	Durley	give locetion Lane		
3. NAME OF	(Ferst)	(A	Middle)		(Lost)		4. DATE	Month)	(Day)	(Ya
(Type or Print)	Rol	ert N	A.		Foo	te		OF DEATH	Dec.	29.	19
5. SEX	6. COLOR OR	7. SIN	GLE, MARRIEI	D,	B. DATE		9	. AGE lest birthday		R 1 YEAR	IF UNDER
Male	White	(Spe	ecifMari	ried	Dec	.18.18	79	76 ×	Months rs.	Days	Hours
10a. USUAL OCCU	PATION (Give kind	of work	I 10b. KIND	OF BUSINESS		11. BIRTHPLAC				2. CITIZEI	
	Marker	, 01011 11	Texti			Md.				COUN	IKYP
13. FATHER'S NAM						14. MOTH	ER'S MAIDEN N	AME			
Georg	ge L. Fo	ote				Chr	istina	Freund			
15. WAS DECEASI				SOCIAL SECU	IRITY NO.	17. IN	FORMANT & A	DDRESS			
no c	in the same trans										
								M. Foote	3064	Durl	ey I
	CONDITIONS DIRECT	LY LEADING	.	18. MED	ICAL CE	Mrs		M. Foote	3064	INTE	RYAL BETY
I DISEASES OR C			TO DEATH	18. MED	1	RTIFICATION		M.Foote	3064	INTE	
I DISEASES OR C	MEDIATE CAUSE	LY LEADING (A) BUE TO	TO DEATH		1	RTIFICATION		I.Foote	3064	INTE	RYAL BETY
I DISEASES OR C	MEDIATE CAUSE CEDENT CAUSE(S)	(A) DUE TO	TO DEATH		1	RTIFICATION		W.Foote	3064	INTE	RYAL BETY
I DISEASES OR C	MEDIATE CAUSE	(A) BUE TO (, (B) SE DUE TO	TO DEATH		1	RTIFICATION		Foote w	3064	INTE	RYAL BETY
I DISEASES OR CO	MEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANT THE ABOVE CAUSE LAS ANT CONDITIONS	(A) DUE TO Y, (B) SE DUE TO (C) CONTRIBUTING	TO DEATH (A) O		1	RTIFICATION		Foote	3064	INTE	RYAL BETY
I DISEASES OR CO	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANT THE ABOVE CAUSE YING CAUSE LAS	(A) BUE TO Y, (B) SE DUE TO (C) CONTRIBUTING	TO DEATH (A) O		1	RTIFICATION		W.Foote	3064	INTE	RYAL BETY
I DISEASES OR CO	MEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF AN THE ABOVE CAUS YING CAUSE LAS ANT CONDITIONS BUT NOT RELATED NDITION CAUSING	(A) DUE TO Y, (B) SE DUE TO (C) CONTRIBUTING O THE DEATH.	TO DEATH		ion is	RTIFICATION		W.Foote	3064	INTEL ONS	RVAL BETVET AND D
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY LI OTHER SIGNIFIC TO THE DEATH P DISEASE OR CO 190. DATE OF OPE	MEDIATE CAUSE CCEDENT CAUSE(S) NDITIONS, IF AN THE ABOVE CAUSE YING CAUSE LAS ANT CONDITIONS BUT NOT RELATED TO RATION RATION	(A) BUE TO (, (B) SE DUE TO (C) CONTRIBUTION O THE DEATH	TO DEATH	hrom retr	ien	yord Sclan	1 - il w dil	red Lis		INTEL ONS	AUTOPS
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY LI OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO 19e, DATE OF OPE 21a. ACCIDENT W OR CONTRIBUTING	MEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF AN THE ABOVE CAUS YING CAUSE LAS ANT CONDITIONS BUT NOT RELATED TO NDITION CAUSING RATION AS UNDERLYING IT CAUSE OF DEAT	(A) BUE TO (, (B) SE (C) (C) CONTRIBUTING OTHE DEATH	TO DEATH	hrom	ien ?	RTIFICATION	1 - il w dil	red Lis	3064 (Cou	INTEL ONS	RVAL BETVET AND D
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY II OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO 19e. DATE OF OPE	MEDIATE CAUSE CCEDENT CAUSE(S) MODITIONS, IF ANY THE ABOVE CAUSE YING CAUSE LAS ANT CONDITIONS BUT NOT RELATED IN MODITION CAUSING RATION AS UNDERLYING I CAUSE OF DEAT MEDICAL EXAMINEE	(A) BUE TO Y, (B) SE DUE TO (C) CONTRIBUTION O THE DEATH. 19b. MAJOR	G FINDINGS C	horning fectory fice bidg., atc., (NJURY OCCU)	ien n	yord Sclan	1 - il w dil e cio	(City or town)		INTEL ONS	AUTOPS
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY II OTHER SIGNIFIC TO THE DEATH B DISEASE OR CO 196. DATE OF OPE 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	MEDIATE CAUSE CCEDENT CAUSE(S) MODITIONS, IF ANY THE ABOVE CAUSE YING CAUSE LAS ANT CONDITIONS BUT NOT RELATED IN MODITION CAUSING RATION AS UNDERLYING I CAUSE OF DEAT MEDICAL EXAMINEE	(A) BUE TO Y, (B) SE DUE TO (C) CONTRIBUTION O THE DEATH. 19b. MAJOR	TO DEATH (b) (c) G R FINDINGS C LACE (Home, URY street, off	harm Anoma City FOPERATION ferm, fectory fice bidg., atc. INAURY OCCUI	ie n	Selan 21c. WHERE DID	1 - is w dill trio	(City or town)		INTEL ONS	AUTOPS
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY II OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO 19e, DATE OF OPE 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU 22. I hereby	MEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF AN THE ABOVE CAUSE YING CAUSE LAS CANT CONDITIONS BUT NOT RELATED TO NDITION CAUSING RATION AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER INTERPLYING (De) TO CAUSE OF DEAT MEDICAL EXAMINER (Month) (De)	(A) DUE TO Y, (B) SE T, DUE TO T, CONTRIBUTION O THE DEATH 19b. MAJOR H OF INJU	G R FINDINGS C LACE (Home, URY street, off Whita M. at wor	horning term, fectory fice bidg., atc., Not at w.	RRED white	Selan 21c. WHERE DID	1 - il w del to a	(City or town)	(Cou	INTEL ONS W 20 YES	RYAL BETVET AND D
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ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY II OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO 19e, DATE OF OPE 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereby alive on SIGNATY	MEDIATE CAUSE CEEDENT CAUSE(S) NOITIONS, IF AN THE ABOVE CAUSE THE ABOVE CAUSE VING CAUSE LAS CANT CONDITIONS BUT NOT RELATED TO NOITION CAUSING FRATION AS UNDERLYING INCAUSE OF DEAT MEDICAL EXAMINER INFY (Month) (De-	(A) DUE TO Y, (B) SE DUE TO (C) CONTRIBUTION O THE DEATH. 19b. MAJOR H OF INJU	G R FINDINGS C LACE (Home, URY street, off Hour) 21e. (Whita M. at worth the decease and the	hnown class FOPERATION ferm, fectory fice bidg., atc. Not at w sed from	RRED while or	Selen 21c. WHERE DID 211. HOW DID	NJURY OCCUR	(City or town)	(Cou	Installation of the same of th	AUTOPS (State
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ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY II OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO 19e, DATE OF OPE 21a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU 22. I hereby alive on SIGNATU	MEDIATE CAUSE CCEDENT CAUSE(S) MODITIONS, IF ANY THE ABOVE CAUSYING CAUSE LAS CANT CONDITIONS BUT NOT RELATED TO MODITION CAUSING FRATION AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE INTY [Month] [Del CEPTIFY that RE CATION, ECIFY]	IA) DUE TO Y. (B) SE DUE TO T. DUE TO (C) CONTRIBUTING O THE DEATH. 19b. MAJOR H OF INJU y) (Year) (H	G R FINDINGS CO LACE (Home, URY street, off tour) 21e. I Whita at word the decease and the decease are the decease and the decease and the decease are the decease and the decease are the decease and the decease are the dec	Anterior for operation form, fectory fice bidg., atc., injury occul nk at we seed from	RRED while ork	TIPICATION A OF SELECT 21c. WHERE DID 21l. HOW DID 21l. HOW DID CREMATORY	NJURY OCCUR NJURY OCCUR ADDR	(City or town)	(Cou	Installation of the control of the c	AUTOPS AUTOPS (State

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

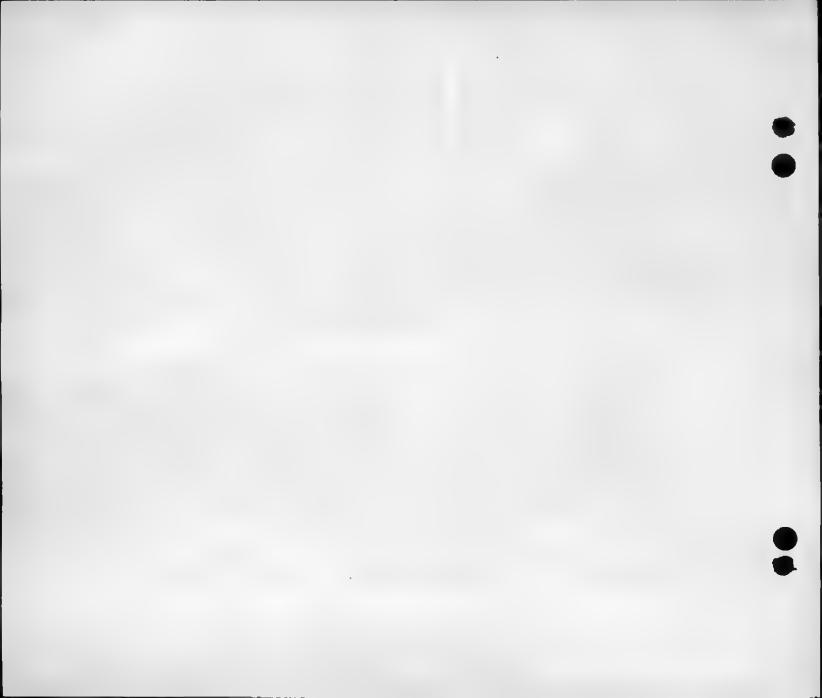
11612 CERTIFICATE OF DEATH

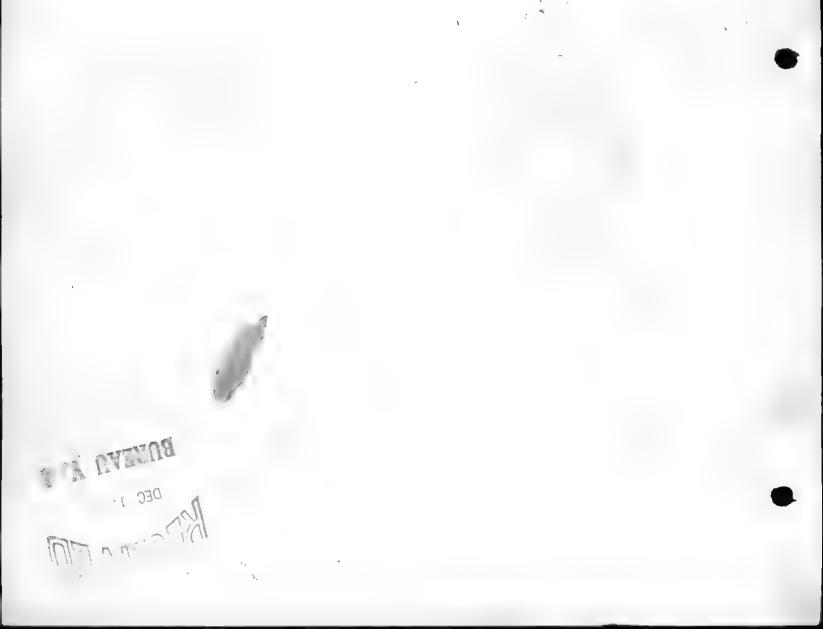
Reg. Dist. No.

1. PLACE OF DEATE	T-		(4 FIGURE PERCHANISMONE)	(1011) 01 010	WAGEN TO THE PARTY OF THE PARTY	
COHNTY	ltimore	3 F A 75 3 F F A 3 F F A	2. USTAL RESIDENCE STATE TYL .no	(HOME) OF DEC	COUNTY	Asltimore
		MARYLAND AL and LENGTH OF STAY	CITY (If outside corpo	4. Janea Umrien amiro I		
OR give nearest	town)	(in this piace)	OR Wash	ilawn	CORALI MING EIV	e nearest town;
HOSPITAL OR			TOWN WOOL		-to Born Many	X
INSTITUTION OF STREET ADDRES	s 1814 Belmo	nt Avenue		Belmo t	AVENUE	1
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	JOHN		FRIZZELL	DEATH	Dec. 2	19
Male	Vhite	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) b. IT I LEG	Sept. 3 1885	9. AGE last hirt	hday If under Months	i year If under 24 hr Days Hours Min
102. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY HOUSE LIOVET	ii. Birthplace (State	or foreign country	12	COUNTRY!
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	· · · · · · · · · · · · · · · · · · ·	
	ER IN U.S. ARMED FORCES		17. INFORMANT AND			
NO NO	service)	" None	Mrs John C. F	rizzell	,1814 B	elmont av
		18. MEDICAL CE	RTIFICATION			1
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	A			INTERVAL BETWEE
. 7		D. 0	4			CHELL AND DEATH
Immediate	cause (a)(Josomary O.	usomorcism			11 tours.
giving rise to stating the un	onditions, if any, (b)	literio eclaratio	Cardio Van	enter De	ovad?	10 years
 OTHER SIGNIFIC Conditions contribu- related to the disease 	CANT CONDITIONS ting to the death but not se or condition causing deat	h. It Socility				
19a. DATE OF OPER	RATION 196. MAJOR F	FINDINGS OF OPERATION				20. AUTOPSY?
		/				Yes D No C
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCURT		
	fy that I attended the	e deceased from Aug 2. d that death occurred at (Degree or title)	9715 Am., from the	e causes and or	the date st	ated above.
Joakus	H. arma	oost M.D.	64175	Lugar		DATE SIGNED
BURIAL, CREMA	Dec • 24"1	NAME OF CEMETE 1955 Mt Olive	RY OR CREMATORY	Handalls	town, or count	alto.co.M
DATE REC'D BY I	OCAL REGISTRAR'S	SIGN TURE	ATTENNESS DIRECT	onay45	LO Libe	r tydress h

The correct age H PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15





X

MARGIN RESERVED FOR BINDING

11614 CERTIFICATE OF DEATH

1. PLACE OF DEATH., COUNTY 13ALTINORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY BALTO	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neitrest torm). NS V/LL [CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN ATOMS VILLE	that
90 INSTITUTION OF 00 D CONVELASANT HOME	STREET (If rural, give location) ADDRESS/86CHERRYBELL Rd	
3. NAME OF (First) DECEASED (Type or Print) DE	(Last) 4. DATE (Month) (Day) ELLE OF DEATH Z - 5 - 1955	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W// OW	8. DATE OF BIRTH 9. AGE last hirthday II under. I year II under Hours Hour	er 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on done during most of working life eyen it retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY)	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ANNA LOCHNER	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS BORTHER GELLER/86CHERRY DELL	.Re/
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BE ONSET AND	
1422.1 Immediate cause (a) My o cardial	Insufficiency Lyca	, t
Antecedent cause(s) Diseases or conditions, if any, (b) Anteniose lend, c		
Diseases or conditions, if any, (b)	Candle	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	left humerus 2 we	cho
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	
¥ Z	1 170	
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE SUICIDENT SUICIDE SUICIDENT SUICIDEN	(CITY OR TOWN) (COUNTY) (STATE	No 💆
SUICIDE Office bldg., etc.)	HOW DID INJURY OCCUR?	
SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?	eased
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY To the control of the co	HOW DID INJURY OCCUR?	eased
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work alive on Dec. 3, 19.55, and that death occurred at SIGNATURE (Degree or title) (Degree or title)	How DID INJURY OCCUR? 70, 19.55, to Dec. 5, 19.55, that I last saw the dece 1:30 A. m., from the causes and on the date stated above. ADDRESS Arrord R. Bullinere 12/5/55	eased



ATTENDING SHYSICIAN OR HOSPITAL: The law requires that the death certificate be exempled within The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

116in

11615

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED		
COUNTY Baltimore MARYLAND	state Marylan	d county	Baltimore	3	
CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give newest town)				
OR and give neerest town) OR and give neerest town) Parkton, rural 7 yrs.	TOWN Parkt	on, rural		×.	
HOSPITAL OR	STREET	(i) rural give	location)		
INSTITUTION OR	ADDRESS	• •			
STREET ADDRESS Mt. Carmel Road	Mt. C	armel Road			
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month		(Year)	
(Type or Print) Wilhelmina Louise Geri	ritz	DEATH Dec	. 26	1965	
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female White Specify Widow 10 Ser	ot. 1892	63 уп.	Months Days	Hours Min.	
	II. BIRTHPLACE (State or fore	ign country)	I 12, CITIZE	N OF WHAT	
done during most of working life, even if OR INDUSTRY			COUN		
relired Factory worker Paper industry	Germany			USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME .			
Franz Luthe	Anna Big	ge			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT &	ADDRESS			
/ (Yes, no, or unk.) (If Yes, give wer or dates of service)	Melvin F.	Gerritz, Par	kton, Md.		
: no 127-U1-2011	TIFICATION		INTE	RVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		1 . 1	ONS	ET AND DEATH	
- MAMEDIATE CAUSE (A) Corebral /a	seular lie	cedent	1/2	hour	
1	0 0 0	4- 0	,	b- / 4	
ANTECEDENT CAUSE(S)	Cereking an	dem selva	es one	N3415	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20	AUTOPSY?	
			YES	□ NO □	
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	211. HOW DID INJURY OCCU	R?			
M. at work at work	1				
22. I hereby certify that I attended the deceased from Clinque	W10 V 10 D	recentre 1955	that I last say	v the deceased	
alive on 2000, 1955, and that death occurred at.					
SIGNATURE	ADD	RESS (Street, city/town,		DATE SIGNED	
Walder T. I Cues M.D.	Cookers	will he	アンファ	700-100	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town,	or county)	(Stete)	
Burial 30 Dec.1955 St. Patrick's	Comotar	Watervliet		N V	
Burial 30 Dec.1955 St. Patrick's	25 FUNERAL DIRECTOR'S	SIGNATURE A	ADDRESS	Nela	
12-70-55 MARIA S Shine	I last 1	2 ank DK	1.11.0	ned,	
DATE 12 27 33 (1) way 8. Chare	MACEUII.	MOTHUM ASS	arist 1	suc;	

.S . 17 11114

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

certificate be executed

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

CERTIFICATE OF DEATH 11616

4	4	C	1	4
T	T	Û	J.	1

1	1	6	1	1

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY BALTIMORE MARYLAND	STATE MD COUNTY BALT	IMER E
-	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neares	lown)
1	OR end give neerest town) Provided in this place	TOWN TENDE PARK	1.4
	V 30004 14V1 9 4V	9 CD P 14 7777 1 :	X
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
	OSTREET ADDRESS 8911+ EMLA AVE	8914 EMLA AVE	- /
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	Day) (Year)
	(Type or Print) $\Omega \in A/L \le C \in \mathbb{F}_{2}$	DEATH / /	195
-		161	19
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF		
	F. W. (Spacify) Illipropered Sout	14 1828 67 yrs. Months	Deys Hours Min.
	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11, BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	done during most of working life, evan if OR INDUSTRY	MA	COUNTRY?
	mousewife	MD	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joseph HERRING	JULIF HORNICK	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS	(14)
1	(Yes, no, or unk.) (If Yas, give wer or detas of service)	- Forms F Gotting 891.1.	FMID AUF
	18. MEDICAL GER	TELESTION	INTERVAL RETWEEN
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Inication	ONSET AND DEATH
	2004	B Connibisis	
	332XIMMEDIATE CAUSE (A)		
	ANTECEDENT CAUSE(5) DUE TO	1+201112	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO	15 Citral 262	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0 ,001(
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		no introduces
	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21- ACCIDENT WAS UNDERLYING CT 21h DI ACE (Home form form)	Ic, WHERE DID INJURY OCCUR? (City or town) (County)	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	te. Where one indoct occour (city of fown) (County)	(Siero)
	(IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF fNJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2	21f. HOW DID INJURY OCCUR?	
	While Not while	III. HOW DID INJOKT OCCOR:	
	M. al work st work .		
	22. I hereby certify that I attended the deceased from	, 19.22, to 12.17, 19.22, that I la	st saw the deceased
	alive on 1) 9 9 and that death occurred at.	2422M, from the causes and on the date stated	above.
\$	SIGNATURE	ADDRESS (Street, city/town, state)	DATE SIGNED
MO1 5	Junis Amo youth M.D. 8	2587 och Kara Blod To	am 12/10/55
1.55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
AISC	REMOVAL (SPECIFY)	72 1. 11/1/1/1	4 45 1
	BURIAL IL. 13 141 WORRAINE	ARK WOODIAWN	NID
Υ2	24. REC'D BY REGISTRAR. REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AD	DORESS
-	DATE DR. G. M. Baron	G. HOWART STRANK 3257(D. N.	orth AUE
		·	

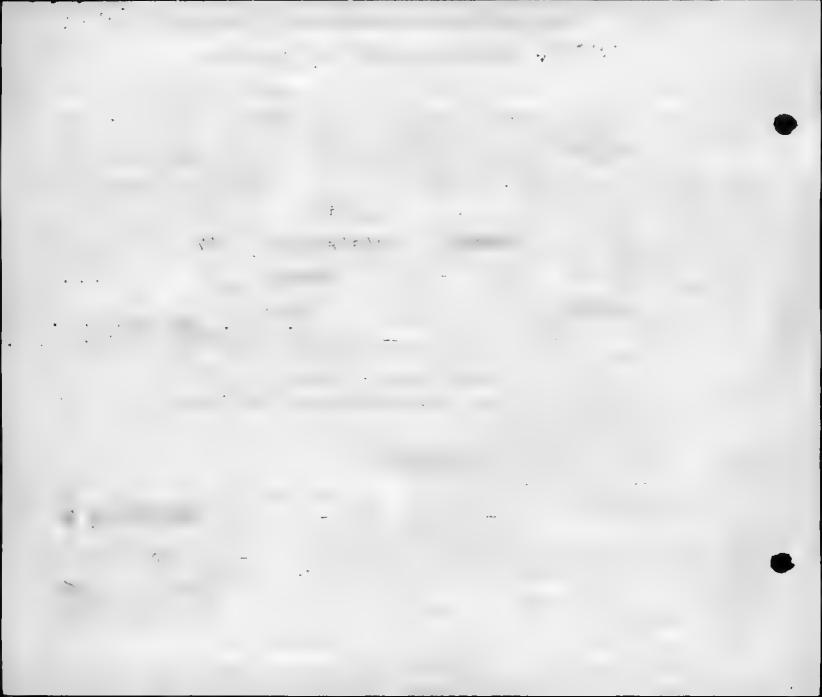
ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

the registrar within **72 hours** after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11617 CERTIFICATE OF DEATH

1. PLACE OF DEATH	1		2. USUAL RESIDENCE	(HOME) OF DECEASE	D
COUNTY Relti	more to Co.	MARYLAND	STATE Maryland	county Balto	o. Citar
CITY (If outside corporate	fimits, write RURAL	LENGTH OF STAY	CITY (if outside corporate I	imits, write RURAL and give ne	erest town)
OR and give nearest low	Be at a llet	(in this place)	OR TOWN Doll	timore City	EV VI
HOSPITAL OR				utaw"Plateor P	anala 27/2 3 3 77
	ing Grove State				
3, NAME OF	timore 28, Mar	VLang (Middle)	(Lest) Ball Cliff	ore 17. Maryla	
DECEASED	•		,,	OF	(Day) (Year)
5. SEX 6. COLOR	da J		Gillice	DEATH 12	5 19
RACE	WIDOWED, DIV	ORCED.	OF BIKIN 9. A	AGE last birthday IF UNDE	Days Hours Mir
Female White	(Specific Sin	gle 10/	3/32/8	77 yrs. Hollins	Days Hours Mill
10a. USUAL OCCUPATION (Give	e kind of work IDb, KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreign co	ountry) 1	2. CITIZEN OF WHAT
retired) Unknown			Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	Ē	0,100,110
Patr	ick Gillice		Ida Lyle		
15. WAS DECEASED EVER IN U		. SOCIAL SECURITY NO.		ss Baltimere	28. Md.
(Yas, no, or unk.) (If Yas, give	war or dates of sarvica)			Hespital Ros	
		18. MEDICAL CE		Tropic Towari Trop	INTERVAL BETWEEN
I DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEATH		CIII TON LIGHT		ONSET AND DEATH
14 CAU IMMEDIATE CAU	ISE (A) Con	gestive heart	failure		2 weeks
ANTECEDENT CAU	DUE TO			4	
DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE		GLT 02 CT GL 0 LT 6	eardievascular d	ITEOR28	years
STATING UNDERLYING CAUSE	LAST, DUE TO				
II OTHER SIGNIFICANT CONDITI	(C)				
TO THE DEATH BUT NOT RELA	ATED TO THE DOS	kinson's synd	PORIA		years
DISEASE OR CONDITION CAU	19b. MAJOR FINDINGS				2D. AUTOPSY?
And the second second	₩ =	O. C. ENTHOLY			YES TO NO
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	F DEATH OF INJURY street, of	a, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	1 1 1
21d, TIME OF INJURY (Month)	(Day) (Year) (Hour) 21s. Whi M. at w		211. HOW DID INJURY OCCUR?		*
22. I hereby certify :	that I attended the dece	sed from 9-19-5	5 XW 12-5	1055	fact court the de-
alive on 12-5	19 55	that death occurred -	11:502 Ma from the cause	ا ۱۱۱۵۱ بیستانهای و ۱۳ بیستانی می	idal adm the decease
SIGNATURE	mining transferrencing dillu	mai deam occurred a	ADDRES	s and on the date state (Street, city, lown, state)	DATE SIGNE
Stilla	Wachesley	M.D. 4	pering Grove St. 1		12/1-1-
23. BURIAL, CREMATION.	DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LO	CATION (City, town, or count	(State)
REMOVAL (SPECIFY)					
Duttat	110/7/55	I mand on D	male Character of the	SALT I MOTE	Martiand
A ASC'D BY PEGISTRAD	12/7/55	Loudon Pa	THE CONTROL OF A 1		Maryland
24. ACC D. BY REGISTRAR	12/7/55 REGISTRAR'S SUMMATURE	Loudon Pa	rk Cemetery F		Maryland Address,



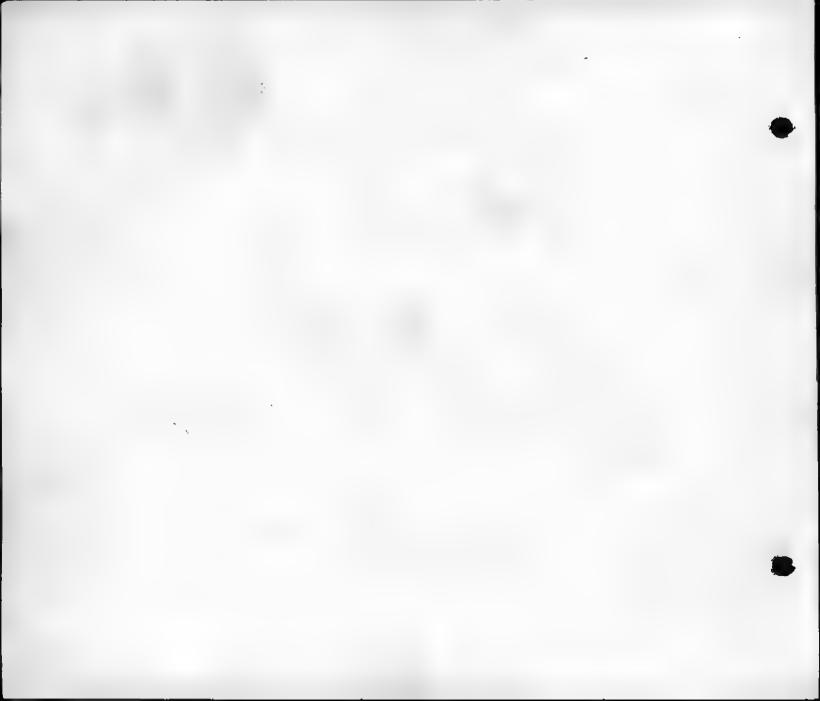
MARGIN RESERVED FOR BINDING

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11613

CERTIFICATE OF DEATH 11610

11010	- OI DIST			
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
COUNTY Baltimore MARYLAND	_ STATE Maryland COUNTY Bally	more City		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside/corporate limits, write RURAL			
OR and give nearest town) 5 TOWN (attor such O years.	TOWN Baltimore	V (1 1 46		
HOSPITAL OR INSTITUTION OR I - 4	STREET (If rural give location)	- 1 d d 7		
14 STREET ADDRESS Spring Brown State Hospital	ADDRESS 13/6 W. Lexing Ton	Sheet		
		Day) (Year)		
DECEASED: (Type or Print) WILLIAM CLOODMAN	OF DEATH: Ole	1955		
PACE. WIDOWED DIVORCED &	OF BIRTH: 9. AGE last birthday IF UNDER I	EAR IF UNDER 24 HRE.		
male while (Specify): married left.	11, 1889 11 yrs.	ays Hours Min.		
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
even if retired): Gardiner	Sucenstown, maryland	U.S.A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William Doodman	mary			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:			
und of service) unknown	Hospital Recards			
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONSET AND DEATH		
IMMEDIATE CAUSE (A) Steart for	alure	17 days		
ANTECEDENT CAUSE (8)				
DISEASES OR CONDITIONS, IF ANY. (B) Johan & Frontho preumonia 27 days.				
STATING UNDERLYING CAUSE LAST.				
(C) LUCLUS CLLE II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	role Cardicinscular Disease	an snown		
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	d			
TOR. DATE OF OPERATION.		20. AUTOPSY?		
ACCIDENT WAS UNDERLYING THE SECOND ACCIDENT.	ALL WHERE BIR (ALL			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)				
OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from //-29, 1955, to /2-25, 1955, that I last saw the deceased				
alive on 12-25-53, 19, and that death occurred at 3 % M, from the causes and on the date stated above.				
X. Styne Williams M.D. Spring/Irree Hole Hosp. 12-25.55				
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS		
REGISTRAR () (1 C) Le- med A. Woulder & Minor 1410 18 harboth				



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar willing. The hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this ATTENDING COPY MAY BE retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11614

CERTIFICATE OF DEATH 11619

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Baltimore MARY	ND STATE Maryland	COUNTY Baltimore			
CTTY (If outside corporate fimits, write RURAL LENGTH COR end give neerest town) [In this		its, write RURAL and give nearest town)			
	TOWAL	ott City			
HOSPITAL OR	STREET	(If rural give location)			
INSTITUTION OR T STREET ADDRESS On The Assention	ADDRESS	In tales Bird incessors			
OGITA WACHIO		Avenue			
3. NAME OF (First) (Middle) DECEASED	(Lasi) 4.	OF (Month) (Day) (Year)			
(Type or Print) CARLOS HOWARD	GORDON	DEATH Dec. 29, 155			
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AG	E lest blithday IF UNDER 1 YEAR IF UNDER 24 HRS.			
RACE WIDOWED, DIVORCED,	October 24, 1903.	52 Months Deys Hours Min.			
Male White (Specify) Single		70,			
done during most of working life, evan If OR INDUSTRY	11. BIRTHPLACE (State or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY?			
retirad) Warping Woolen Mill	Maryland	U. S. A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Charles Howard Gordon	Mary Ethel	Brashear			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC					
(Yes, no or unk.) (If Yes, give war or detes of service)		4207 9 1204			
No 213-09-6		rdon Oella Ave. Ellicott			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL GERTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
	inoma Pelvic	Ca/ah 3/1/25			
	Muma / LIVIC	-01011 dyrs.			
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
19. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION (Color - Colos tory) 20. AUTOPSYT, YES NO P					
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, 21c. WHERE DID INJUR OCCUR? (City or town) (County) (Stete)					
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., et	100	(3000)			
21d. TIME OF INJURY (Month) (Day) (Year) [Hour] 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?					
Whila Not whila					
22. I hereby certify that I attended the deceased from					
22. I hereby certify that I attended the deceased from		1955, that I last saw the deceased			
alive on	ccurred at P.M. from the causes	and on the date stated above.			
SIGNATURE 1	/355 ADDRESS	(Street, city, town, stete) // DATE SIGNED			
The me Grad M.	M.D. 1707 Ednondson A	142 Cot onsville 28h & 12/21			
		ATION (City, town, or county) (State)			
REMOVAL (SPECIFY)					
Burial Jan. 1, 1956 St. Johns Cemetery Ellicott City, Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS					
DATE / - / - Catonsville, Md.					

9 NAI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11615

11620

CERTIFICATE OF DEATH

						Reg. Dist. No.	*******************************
1. PLACE OF	F DEATH			2. USUAL RESID	ENCE (HOME) OF	DECEASED	
COUNTY	BALTIMORE		ARYLAND	STATE MARYL	AND COUN	BALTIMOE	RE
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest fown) (in this place)		CITY (If outside co	rporate limits, write RURA	L end give necrest town	n)		
X TOWN	CHASE		75 YEARS	TÔWN	CHASE		X
HOSPITAL OF	R OR			STREET ADDRESS	(If rura	give location)	/
STREET ADDR		RTERS RD.		C1771 A 401	E'S QUARTER	S RD.	
3. NAME OF DECEASE	(First)	(Middle)	(Lest)	4. DATE		(Year)
(Type or Print)	ANNA	MARTE	GRABOWSK	T	OF DEATH	DEC. 8.	12 55
5. SEX	6. COLOR OR 7. S	INGLE, MARRIED,	8. DATE		9. AGE lest birthdey		
FEMALE	WHITE	Specify) WIDOW	Yann.	5. 1872	83 ×	Months Deys	Hours Mi
10+, USUAL OCCU	UPATION (Give kind of work	105. KIND OF	BUSINESS	11. BIRTHPLACE (State or fo			EN OF WHAT
	most of working life, even W USEWIFE	AT HO		POLAND		U. S.	NTRY?
13. FATHER'S NA		1 212 110	J. 14.3	14. MOTHER'S MAIDE	N NAME	104 0	
	MTCUART MACE	OTHER A ME		MADSE	TARAMONDA		
MICHAEL MACHOWIAK 15., WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT	UNKNOWN & ADDRESS				
(Yais, no, or unk.)	(If Yes, give wer or delet of a		ONE	DATESTA TOT	L. GRABOWSK	E CHASE.	MD.
DISEASES OR CO GIVING RISE TO STATING UNDERL II OTHER SIGNIFIC TO THE DEATH	ECEDENT CAUSE(S) DIDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST. (C) CANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE SNIDITION CAUSING DEATH.	Cirteri	Acles	tic-Can	lio vasul	udsiase ?	2 yrs
19e, DATE OF OP		OR FINDINGS OF O	PERATION				20. AUTOPSY?
OR CONTRIBUTING	VAS UNDERLYING 21b.	PLACE (Home, fern NJURY street, office b	n, fectory, oldg., etc.)	21c, WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)
		(Hour) 21e. INJUI While M. at work	Not white et work	21/. HOW DID INJURY OC	CUR?		-
alive on alive removal is burn	JRE COMPAGE MATION. LOGATE THER	duece		Bults 6 R CREMATORY	causes and on the DRESS (Street, city, LOCATION (City,	e date stated abortown, stele)	
24. REC'D-SY REC	GISTRAR REGISTRAR	s signature Z.	Larler	Lassolm Jun		7401 Bet	au Rd.

After this

In hours after death, After director, the third copy of

certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit. IG FUNERAL DIRECTOR: The law requires that the death certificate be filed The bottom copy may be retained by the hospital or attending physician. ATTENDIN

MINNA'S

10 10 ES

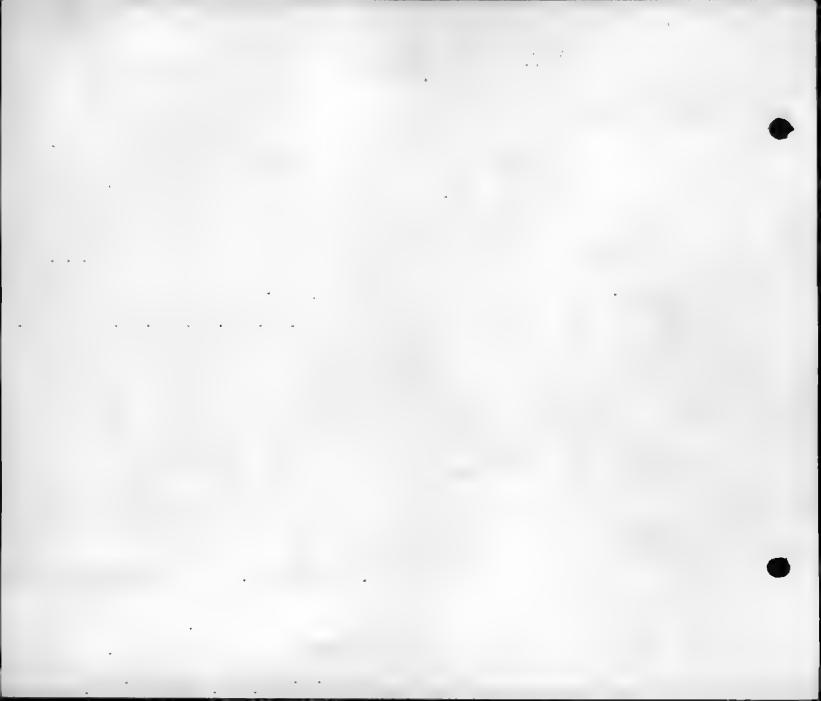
DECENTION

BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11617

11022 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL CONTROL (In this place) X TOWN Fort Howard CITY (If outside corporate limits, write RURAL (In this place) 23 lays	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESSY eterans Administration Hospit	STREET (If rural give location) dal 3308 Elgin Avenue
DECEASED: (Type or Print) GEORGE E.	GREEN 4. DATE (Month) (Day) (Year) OF DEATH: December 20, 19 55
Male White Specify: Married 12	9. AGE last birthday IF UNDER 1 VEAR IF UNDER 25 MRS. Months Days Hours Min.
work done during most of working life. even if retired): Clerical 10B. KIND OF BUSINESS OR INDUSTRY: Insurance	Woodensburg, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME
Jacob E. Green	Emma E. Morrison
(Yes, no, or whk.) (If Yes, give war or dates of service) VW I 216-09-1306	17. INFORMANT & ADDRESS:
Yes of service) VW 1 216-09-1306	Clin. Tec., Vet. Adm. Hosp., Ft. Howard, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CARCINOMAT IMMEDIATE CAUSE DUE TO	TOSIS INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. CARCINOMA.	, STOMACH UNKYOWN
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY OF INJURY	
2. I hereby certify that A attended the deceased from Nov.	27, 1955, to Dec. 20, 1955, xharxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
NIVE SONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6:31 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED
GETROL LERMER	ERY OR CREMATORY LOCATION (City, town, or country (State)
REMOVAL (SPECIFY) 12-23-55 Mount Gilea	ad Cemetery Woodensburg, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

11551

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BUNDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I, PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Baltimore MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town). (in this place)	CITY (if outside corporate limits, write RURAL and give nearest town)
5/ TOWN Ar Dutus	TOWN ALDUUUS
HOSPITAL OR INSTITUTION OR 5502 Council Ch	STREET (If rural, give location)
INSTITUTION OR 5503 Councill St.	ADDRESS 5503 Councill St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Peter	Green DEATHDec. 5 1959
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. A E last hirthday If under 1 year If under 24 hrs
Male. White WIDOWED, DIVORCED, (Specify) harried	May 19,1903 52 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Jarvland Country?
Boiler Haker	14. MOTHER'S MAIDEN NAME
Andrew Green	Anna Senca
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) [(H yes, give war or dates of] CZ OE OEEA	
jact riccy [Gladys R. Green 5503 Councill St.
18. MEDICAL CE	RTIFICATION 7 INTERVAL BRIWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
420.1	1 19/ Jan 2 7/11
Immediate cause (a)	CASS CARREST CONTRACTOR
Antecedent cause(s)	
Diseases or conditions, if any, (b)	J. O.C. Clarker
giving rise to the above cause stating the underlying cause last	
(c) (Litize A	section = 12
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yeu D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
22. I hereby certify, that I attended the deceased from	19.53, to 12-5 19.55 that I last saw the deceased
	7
alive on	m., from the causes and on the date stated above,
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
13 m. 1 / Telly 113 1 13	05 Francis Ave.
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
DATE REC'D BY LOGAL REGISTRAR'S SIGNATURE	24. FUNERAL-DIRECTOR) ADDRESS
REG. 10 /2 / / // // //	
11115> (MI HUMA / MI	Tred A Love 1913W. Kalto, St



(Day)

U. S. A.

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

UNKONORIN

20. AUTOPS

(State)

21A. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) WRITE OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work OR 22. I hereby certify that x attended the deceased from Dec. 11, 19.55, to Dec. 15, 19.55, that X ast year the deceased

DATE SIGNED

SIGNATURE Dickey, Chi/ef, Medical Service M. D. VAH. FT. HOWARD. MARYLAND DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

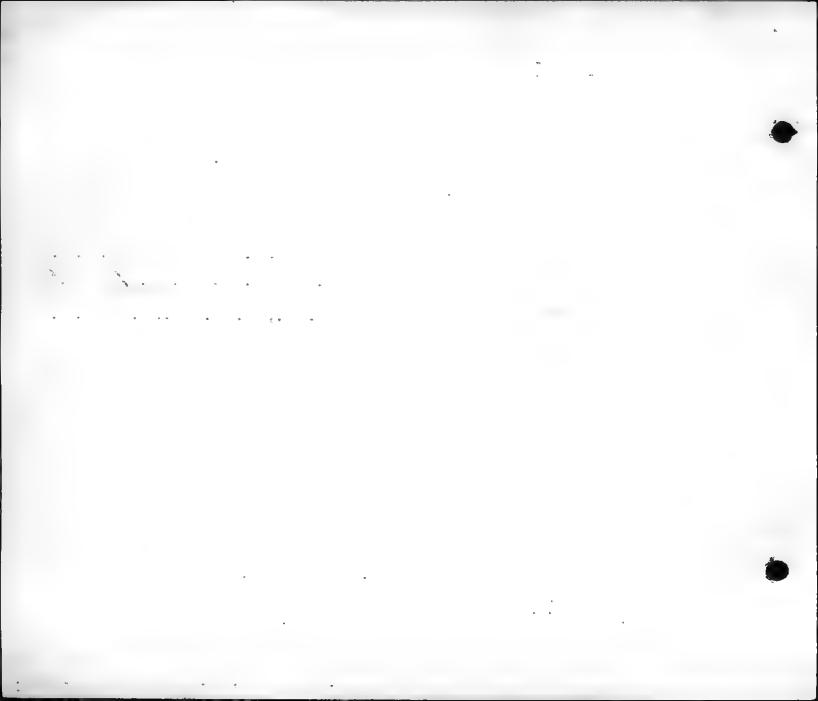
REGISTRAR

Baltimore, Maryland Baltimore National 24. FUNERAL DIRECTOR

Wm. Cook-Blight, Inc. 6009 Harford Rd. Bal:

TYPE

PLEASE



(Year)

19

NO

'Entro a' Z

DEC 9 J SP

DECENCED

the street to be and the second

MARYLAND STATE DEPARTMENT OF HEALTH

11625 CERTI

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY Reltimore MAI	STAT	L RESIDENCE (HO'E MARYLAN		COUNTY	1d. 01	
CITY (If outside corporate fimits, write RURAL and LENC	TH OF STAY CITY	(If outside corporat	e limita, write RUF	AL and give	nearest town)	<u> </u>
- CLOMN CRANINATION	TOW		470		X	
HOSPITAL OR / HINSTITUTION OR SPRING Grove State No.	spital STRE		(If rural, give	location)	/	
3. NAME OF (First) (Middle DECEASED		et)	4. DATE (1	Month) (Year)
(Type or Print)			OF DEATH I	ec. 10,	1955	19
5. SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWED (Specify)	ARRIED, S. DATE DIVORCED, 1/1	OF BIRTH	. AGE last birthda:	Months L	year If under Days Hours	24 hre. Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF		THPLACE (State or	foreign country)		CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY		U.S.A.			UNTRYT	
13. FATHER'S NAME WILLIAM HOFFERM		Iner's Maiden Annie Pere				
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? (16. Social S. (Yes. no, or unknown) service)	ECURITY No. 17, INFO	COLDS: SPE	DRESS Ing Grove S	tate No	spital	
	. MEDICAL CERTIFICAT			1		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH				INTERVAL BET ONSET AND I	TWEEN
9027		٠.,	1	*	ONDER WAR I	JERIP
Immediate cause (a)	utama o	rjanizi	ug len	racin	~	p=p=+3 -
Antecedent cause(s) Diseases or enrolitions, if any, (b) Conthe	- Coup la	ceration	scar-	lest.	hul	ul
giving rise to the above cause stating the underlying cause last				1		
U. O'THER SIGNIFICANT CONDITIONS 4/	4 /	0/		- 1		
Conditions contributing to the death but not related to the disease or condition causing death.	mhytro	Chose	4			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION				20. AUTOPS	Y?
IL CONTROL OF CALLED MAG. PLACE OF THE TOTAL	*	-(CITY OR TO	1949. 1	10011110010		No 🗆
21. FXTFP AL CAUSE WAS PRIMARY A CONTRIBUTING OF office bldg, et CALSF OF DEATH. INJURY	institut	A C	sulh.	(COUNTY)	- Wed	,
TIME (Month) (Day) (Year) (Hour) INJURY OCC	URRAD HOW	DID INJURY OCC	UR?	11	100	
				1		
22 I certify that I took charge of the remains described a obtained by said Autopsy, Inspection or Inquiry, find	that said deceased died	on the dry stated	above, and deat	reon and fro h in my on	om the evide vinion resu	ence Hed
from natural causes , accident survide ,		mined			TO A COURT CALCON	
SIGNATURE Degree	or Web grade	E35	1		DATE SIGN	NED
- Ver of tiester My	Edam Ills	El. C. 10	10 Leed	an	dee/	11
TIME CLEMATION DATE THEREOF NAME OF STREET OF THE PROPERTY 12 18/55	E OF CEMETERY OR C	REMATORY LO	CATION (City, to	wn, or county)	(Stu	te)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 707700	ERAL DIRECTOR	. 20000	-	ADDRESS	
RLG12-11-55 7- En Har	ry Ide	evand CI	iston Ho	moster	& md	

The correct age EASE WRITE PLAINLY, WITH UNFADING INKE Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

IARGIN RESERVED FOR BRADING

VS. A15A

DEC 14 1922

BUREAU V. S.

11627

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

ect	11627 CERTIFICAT	TE OF DEAT	H	
e corr	FOR MEDICAL	EXAMINERS	Reg. Dist. N	. 37
Th	COUNTY 100/ TIMOVE MARYLAND	2. USUAL RESIDENCE (HOSTATE	7 d. COUNT	
of information carefully leath clearly and legibly.	CITY (If outside corporate filmits, write RURAL and CR give nearest town) TOWN Mt Hast Mays Chala Rankerth Shows	TOWN 6/2	e limits, write RURAL and gi	- all a
on can	HOSPITAL OR INSTITUTION OR STREET ADDRESS TIMONIUM	STREET ADDRESS	(If rural, give location)	
clearly	3. NAME OF DECEASED (Middle) (Type or Print) C/Jude	Harrell	4. DATE (Month) OF DEATH Decem	(Day) (Year)
f infor ath cl	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	5/28/1930	La // VDL	Days Hours M.n.
E jo	ton. USUAL OCCUPATION (thre kind of work done during that of westing over if retired) 13. FATHER'S NAME	HATCHEL CO.	7.C.	2. CITIZEN OF WHAT
every ite	16. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND AD	Street	
oly ev the c	AYea no runknown) (Il yee, give war or dates of 170-24-2/62 18. MEDICAL CE	Min. Harrell -	Alen Esch	, Pa.
Supply e write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. , ,		INTERVAL BETWEEN ONSET AND DEATH
INK.	Immediate cause (a) Mugcione	cal Hema	whose	
ING jans:	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	reluced &	Rull K	Judden
UNFADI F. Physici	U. OTHER SIGNIFICANT CONDITIONS			
ant.	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY1
WITI	21. EXTURNAL FAUSU WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING [OF office bldg, etc.)	(ÇITY OR TO	OWN) (COUNTY	Yes No E
NLY.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCC		rore Maryky
LAIN	OF INJURY December 32,1465) While at Not while work 22. I certify that I took charge of the remains described above, held an A	utonsu Inspection		ton Head
77.	obt tined by said Autopsy, Inspection or Invairy, find that said deceders: from: natural causes ., accident , suicide , homicide ., (Degree or title)	ased died on the dry stated	above, and death in my	opinion resulted
WRI	Fish alest Oroundly MD 73	DI VON RO	Towson #4 md.	DATE SIGNED
EASE	CRIMATION DATE THEREOF NAME OF CEMETER	who of Home	CATTON (City, ton, or com	(State)
7	27 December 1955 Com Cristis Viad MacRe	" Sloe Sey	ble Glenk	ock la.

MARGIN RESERVED FOR BINDING

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certificale

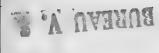
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11628 CERTIFICATE OF DEATH

11694

	TIOSA
Reg. Dist.	No. 30
E) OF DECEASED	
COUNTY Bal	timore
ille (If rural give location)	
(if fural give location)	
efield Rd	(Day) (Year)
SATH TIGO 77	n /rr
birthday IF UNDER	1 YEAR TIF UNDER 24 HRS.
5 yn. Months	1/55 19 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
12.	CITIZEN OF WHAT
	COUNTRY?
ome	
ubert	
	INTERVAL BETWEEN ONSET AND DEATH
	3 YEARS
	4
	20, AUTOPSY? YES NO K
own) (Coun	
	last saw the deceased
on the date states et, city, town, steta)	d above.
D. BALTO	28 1/3/56
N (City, town, or county)	
imama	

L PLACE OF DEATH 2. USUAL RESIDENCE (HOM COUNTY Baltimore MA MARYLAND STATE (If outside corporate limits, write RURAL LENGTH OF STAY If outside corporate limits, w Catonsville (In this place) TOWN Catensv STREET INSTITUTION OF ADDRESS 818 Braeside Rd 922 Mas STREET ADDRESS (First) 3. NAME OF (Middle (Last) D. MAINE OF John (Type or Print) Haubert ы 5. SEX 6. COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last RACE WIDOWED, DIVORCED, M. 12,1890 (Specify) I sprom on Jan. 10a, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY Balte. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME red Haubert Jehm Elizabeth Th 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 213 03 9492 Trs 18. MEDICAL CERTIFICATION T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CHRONIC MYOCARDITIS. IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) ARTERIOSCLEROSIS. .---DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198 DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION O 21e. ACCIDENT WAS UNDERLYING I 21c, WHERE DID INJURY OCCUR? (City or 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING IT CAUSE OF DEATH OF INJURY straet, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at work at work 22. I hereby certify that I attended the deceased from JULY 31 alive on.. De.C. + 7.6. SIGNATURE ADDRESS (Str 1-55 10■ 6348 M.D. BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATIO SUNDERLED RECTOR'S SIGNATURE REC'D BY REGISTRAR



OBATTO THE



MARYLAND STATE DEPARTMENT OF HEALTH

11629 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

6-2	
- Approximation	

TOR ME	DICAL EXAMINERS	Reg. Dist.	No
I. PLACE OF DEATH-	1 2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY Baltimore MARYLA	ND CITY (If outside corr	cour	NTY
CITY (If outside corporate limits, write RURAL and LENGTH OR give nearest town) (in this	a b	porate limits, write RURAL and	give nearest town)
Middle River	TOWN Ball	timore	3V01-4
HOSPITAL OR Glen L. Martin Co.	STREET ADDRESS OF 1	(If rural, give location	
STREET ADDRESS Eastern Blvd.	1 201	Talbot Road	(16)
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) George Ambrose	Hayes, Sr.	DEATH DOC.	6, 19 55
6. COLOR OR RACE 7. SINGLE, MARR WIDOWED DIV. (Specify Dark)	1 ed. 8. date of birth 1 ed. 12/27/1900	9. AGE last birtbday II un Mout	der I year If under 24 hrs. tha Days Hours Min.
10a. USHAL OCCUPATION (Give kind of work 10b King or Bus	WESS ON LIL BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT
Labratory Technician Electronic	s Pa.		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAID		
Jesse S. Hayes	Sarah Eli:	zabeth Lucore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI (Yes. no. or unknown) (If yes, give war or dates of 172-16-0		yes 2610 Talbo	t Rd.
18. ME	DICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	rii		INTERVAL BETWEEN ONSET AND DEATH
4 200	11. 2		5 min
Immediate cause (a)	O cousin		
Antecedent cause(s) Diseases or conditions, if any, (b)			
giving rise to the above cause stating the underlying cause last		A STATE OF THE STA	
(e)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
9-	~		Yes No. 12
21. EXTERNAL CAUSE WAS PRIMARY OF OF office biog., etc.) CAUSE OF DEATH.	uy, street, (CITY O)	R TOWN) (COUN'	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURN		OCCUR?	
	ork 🔲		
22. I certify that I took charge of the remains described above,	held on Autoney [Inspection	Inquiry C Horon or	ad from the evidence
obtained by said Autoney, Inspection or Inquiry, find that	said deceased died on the day sto	ated above, and death in n	ny opinion resulted
from: natural causes Z. accident 🗀, suicide 🗀, hon	nicide 🔲 , undetermined 🗍 .		
SIGNATURE (Degree or the			DATE SIGNED
1010 DUNSONA LIM	1. Exom- Viendo	ack or my	1/8/55
23. BURIAL, CREMATION DATE THEREOF NAME OF	CEMETERY OR CREMATURY	LOCATION (City, town, or co	
	ood Cemetery	Williamsport	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIREC	rong 3207 W.No	ADDRESS
15 -8 - I MAN TENNER	benoward 20	LOUR DEOL M. MO.	T. OTIWA Q .

Dine

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11 12 12 no

11630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

11627

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Well we
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR 3624 "VILYOTI" "LL AM.	STREET ADDRESS 3071 (If rural, give location)	, i- ar
3. NAME OF DECRASED (First) (Middle)	(Last) 4. DATE (Month) OF OFATH DEC	(Day) (Year) , 25 1906
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDOWS, DIVORCED, (Specify, Life Color)	(Oct 73.1890 65 yrs. Months.)	
done during most of working life, even if retired)	, , 20 · 11	COUNTRY! S
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	~
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. of anknown) (If year, give war or dates of 715-65-44)	11. INFORMANT AND ADDRESS 3674 Melfor	d kill Re
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Sould Congesting	e Heart touline E	00 00 00 () 00 00 00 00 00 00 00 00 00 00 00 00 00
Antecedent cause(s)	line + seviel	2 Days.
Diseases or conditions, if any, (b) (b) (c) (c) (c)	WHORE ARTICE	'O'MERCE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While NJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Der. 15	, 1953, to Def 25, 1955, that I last s	
alive on 195, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
The Fillax C. Lillecell MAS -	Raidalleoux Ma-	12/26/55
REMOVAL (Specify) LEO. VA 1455 VALK CITYE	Chillily Line actions, there	Te "us.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 25'- 55 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Exercis plunorear 4510 febiling	ADDRESS, SUB



BY, REGISTRAR

11628

(Day)

(Year)

Min.

19 IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

NO

(Stelle)

YES |

COUNTRY, >

BUALAU V. S.

DECEINED

(Year)

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

UNKNUWN

UNKNOWN

20. AUTOPSY? NO X

(Stele)

DATE SIGNED

(Steta)

3 A AMMINE

9 . hvi

MARGIN RESERVED FOR BINDING

11633

	CERTIFICAT	E OF DEATH Reg. Dist. N	.35
	Item 8. FilmG191 1-11-56 et		
*	I. PLACE OF DEATH Ballemore MARYLAND	2. USUAL RESIDENCE (HOME) O DECEASED-COUNT	Betting
_	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neares town) tip this place)	OR TOWN Rules Cornerate Units, write RERAL and gi	ve nearest town)
	HOSPITAL OR ANSITUTION OR STREET ADDRESS Flage + Kell Carl	STREET (If fural, give location)	ack)
	3. NAME OF DECEASED (First) (Anddle) (Type or Print) WILLAM FREDERICK	(Last) 4. DATE (Month) OF DEATH Records	(Day) (Year)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWER, DUJORCED	8. DATE OF BIRTH, 19. AGE last birthday If under Months.	1 year If under 24 h Days Hours Mir
	106. USUAL OCCUPATION (Give kind of work done during sept of working life, even if retired) INDUSTRY Thing	Manland	Country?
	J. FATHER'S NAME Linkham	Elizabeth Foster	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (16 es, no. or micrown) (If year, give war or dates of caucat locate	The works I own	made hel
,	18. MEDICAL CE	RTIPICATION	INTERVAL BETWEE
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 + 4 .0	ONSET AND DEAT
i	Immediate cause (a) Congestive	teast Facture	2 sveeta
	Antecedent cause(s)		
	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	(N)	
	II. OTHER EIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		•]
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	()	,	Yes 🗆 No 🕻
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from	1954 to Dec. 3/, 19.55, that I last	
	signature on Coursed at	ADDRESS from the causes and on the date st	tated above. DATE SIGNED
	23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	(State)
		4 1 () . [mil
	REMOVAL (Specify) January 2-1956 Pleasant H	ill Cemetery Duries Mills	Mil.
	REMOVAL (Specify) Walter 2-1052 VOAAALL LL	21. FUNERAL DIRECTOR Sur Reisterst	ADDRESS

's A MUUNT

PLEASE TYPE OR WRITE

RESERVED

SIGNATURE

DATE SIGNED

Lista B. Johns,

M. D. Rosewood Mr. D. List. Owings Mills, Md

23. EURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 19wn, or county)

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE

REGISTRAR DIRECTOR

ADDRESS

DATE SIGNED

M. D. Rosewood Mr. D. List. Owings Mills, Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR DIRECTOR

ADDRESS

DATE SIGNED

M. D. Rosewood Mr. D. List. Owings Mills, Md

DATE SIGNED

M. D. Rosewood Mr. D. List. Owings Mills, Md

DATE SIGNED

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M. D. Rosewood Mr. D. List. Owings Mills

M. D. Rosewood Mr. D. List. Owings Mills

DATE SIGNED

M. D. Rosewood Mr. D. List. Owings Mills

M. D. Rosewood Mr. D. List. Owings Mil

(State)

NSTRUCTIONS

certificate

physician

law requires that the by the attending ph ild be detached fo≡ u

oeen executed by assembly

certificate

REC'D BY REGISTRAR

w with

REGISTRAR'S SIGNATURE

certificate

DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11635

1	1	0	ù	2
			2.	

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COLINTY CITY (If outside corporate limits, write RURAL IENGTH OF STAY (If outside corporate limits, write RURAL and give reasest town) OR and give neers strown (in this place) OP TOWN a Consu TOWN STREET if turel give location) INSTITUTION OR JA ZIA ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Yaar) DECEASED (Tyon or Print) 19 5 5. SEX COLOR OF SINGLE, MARRIED. AGE last birthday IF LINDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months (Specify)) Hu 10s. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OR INDUSTRY dona during most of working life, even If COUNTRY? never worked a 62/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MURRINO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or detes of service) (Yas, no. or unk.) unk MEDICAL CERTIFICATION INTERVAL BETWEEN IT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 🖂 NO 21a. ACCIDENT WAS UNDERLYING IT 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Homa, farm, factory, (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) 21a. INJURY OCCURRED 216, HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from UUGUST 16 De Cewile. 30, 19 55, that I last saw the deceased and that death occurred at 2.36 M.M. from the causes and on the date stated above. alive on.. SIGNATURE ADDRESS (Street, city, lown, stella) M.D. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stata) EMOVAL ISPECIFY)

25. FUNERAL DIRECTOR'S SIGNATURE

1.

certificats be ATTENDINE THYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11634

11636 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL R	ESIDENC	E (HOME) OF D	ECEASE	D		
COUNTY Baltimere MARYLAND				STATE Marvland COUNTY						
CITY (If outside corporate lyn	nils, write RURAL	LENGTH OF	STAY	CITY (If ou		te limits, write RURAL	nd give na	resi town)		
OR and give nearest town		(in this pl	•	OR TOWN	7-2-1		2	1.0	, ,	
ALD COLT II		<u>146 a</u>	-	STREET	BALU	imore (freelai	ve location)	1 3	t on when	
INSTITUTION OR SPITE	ng Grove Sta		tai	ADDRESS	-0					1
/ 4 BOLT	THE RESERVE THE PARTY OF THE PA	Maryland			1802	Eutaw Pla				7
DECEASED	First)	(Middle)		(Lest)		4. DATE (Mo	nth)	(Dey)	{Yes	r)
(Tune or Brief)	dinand		Jel	inek		DEATH 1	2	6	19	55
S. SEX 6. COLOR O	R 7. SINGLE, MA	DIVORCED	8. DATE		9.	AGE last birthdey	IF UNDER		IF UNDER	24 HR\$
Male Waite	(Specify) _{T-T-1}	idowed	2/11	1884		71 yrs.	Months	Days	Hours	Min.
10e, USUAL OCCUPATION (Give	kind of work 10b.	KIND OF BUSINESS		11. BIRTHPLACE (SI	ete or foreion		1 1	2. CITIZE	N OF WH	AT
done during most of working	life, even if	OR INDUSTRY				,	"	COUN	ITRY?	``
(INKATONI)	Ţ	Juknown		Unkno				U.	S.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME				
Unknown					Unknov	an.				
15. WAS DECEASED EVER IN U.		16. SOCIAL SECU	JRITY NO.	17. INFOR	MANT & AD	DRESS				
(Yes, no, or unk.) [If Yes, give v	ver or dates of service)			Spri	ng Gre	ve Hospit	n Kee	erds		
ORVIIONS		18. MED	DICAL CE	RTIFICATION		e, 28, Mau	A LEGIC	INITE	RVAL BETV	VEEN
4 DISEASES OR CONDITIONS DI	RECTLY LEADING TO DEA	JH.						ONS	SET AND D	EATH
S IMMEDIATE CAUSI	(A)	Pulmanary	thread	besis					1 day	-
つけずる~	2112 20									
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF	(3)	namition	and d	ekydration	1				2 1104	ks
GIVING RISE TO THE ABOVE OF	AUSE DUE TO						***		Pr	
	(C) S	Semile bro	ain di	908.50				1	years	,
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSED	ED TO THE									
19a. DATE OF OPERATION	196. MAJOR FINDIN	IGS OF OPERATION						20	D. AUTOPS	Y ?
,1								YES	M NC	, 🔲
216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING (CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAM	EATH OF INJURY stra	tome, ferm, fectory eat, office bldg., etc.		21c. WHERE DID INJU	JRY OCCUR?	(City or town)	(Cou	nty)	(Stete)
21d. TIME OF INJURY (Month)		21e. INJURY OCCU		21. HOW DID INJU	RY OCCUR?					
			whila							
22. I hereby certify th	at I attanded the de		30/10	10 EE	12/	ל יה לל	45-41	1		
										ceased
alive on12/5	, 19 	and that death	occurred a	і Ц .;;М, іго		uses and on the Ess (Street, city, tov				
	ela Was	P P							DATE SI	GNED
	LEA WU	elester	M.D.	SPRING GR	ove St	tate Hospi			12/6/	55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF C	LEMETERY OR	CREMATORY		LOCATION (City, low	n, or count	7)	- (3	Stete)
BURIAL	1/2-7-93	014	K/H	166		DNFILM	ORC		NU	
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNAT	URE		25. FUNERAL DI	RECTOR'S SI	GNATURE		ADDRESS		
have		Man		Pero a D.	本	1 () (law		1. V. (0	6.40

. . / 10/- 55/61

NAME OF CEMETERY OR CREMATORY

Cemeterv

24. FUNERAL DIRECTOR

Balte National

LOCATION (City, town, or county)

Chrales R. Law Funeral Home, 802-02 Madison

Baltimore, Maryland

(State)

ADDRESS

VS. A15-10-53

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区

23. BURIAL, CREMATION,

DATE REC'D BY LOCAL

Burial (SPECIFY)

REGISTRAR 12-27

DATE THEREOF

REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11638 1. PLACE OF DEATH-COUNTY Baltimore 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE COUNTY Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Catonsville (in this place) TOWN HOSPITAL OR INSTITUTION OR Spring Grove State Hospital STREET (If rural, give location) ADDRESS Fulton Avenue 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) DECEASED Harold Ashby DEATH December (Type or Print) Johnson 1955 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 5. SEX 6. COLOR OR RACE 9. AGE last birthday 8. DATE OF BIRTH I under I vear ill under 24 hrs. Months | Days | Hours | Min. Male White 4-4-1905 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT done during spont of working life, even if retired) West Virginia USA 13. FATHER'S NAME Bedford . Johnson 14. MOTHER'S MAIDEN NAME Edna ? 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of unknown service) Records Spring Grove State Hospital 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes M No 🗆 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY DOR CONTRIBUTING DEATH. office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes | accident |, suicide |, homicide |, undetermined |, SIGNATURE DATE SIGNED 23. BURIAL CREMATION REMOVAL (Specify)

of information carefully. death clearly and legibly.

Supply every item write the causes of

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CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY BALTO CT. MARYLAND STATE COUNTY BALTO COUN	LTO.
1. PLACE OF DEATH COUNTY BALTO C. MARYLAND STATE CITY (If outside corporate limits, write RURAL OR and City pastest fown) TOWN ATONS VILLE HOSPITAL OR STREET (If rurel give location)	LTO
1. PLACE OF DEATH COUNTY BALTO C. MARYLAND STATE COUNTY BALTO C. WARYLAND STATE COUNTY BALTO	LTO.
COUNTY CO	LTO.
HOSPITAL OR STREET .(If rurel give location	
HOSPITAL OR INSTITUTION OR ADDRESS ADDRESS ADDRESS	э жэл томп)
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STREET ADDRESS 3/5 DHADE NO K AUE STREET ADDRESS 3/5 SHADE NO CONTROL OF DECEASED MARCHAET C TOHNS ON DEATH /2/10	(Day) (Year) 0/51 19
RACE WIDOWED, DIVORCED,	ER I YEAR JIF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
(Kes, no, or unk.) (If Yas, give war or dates of service)	noon
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE LAST DUE TO	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. DISEASE OF CONDITION CAUSING DEATH. DISEASE OF CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION TOWN AND COLUMN (1864)	20, AUTOPSY? YES NO
지 등 본 명의 OR CONTRIBUTING I CAUSE OF DEATH OF INJURY strest, office bidg., etc.)	unity) (Steta)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work I work I work	
310	I last saw the deceased ted above.
ADDRESS (Street, city, fown, slete)	DATE/SIGNED
Colist W. Johnson M. D. 343 Coules of Colly 100 100 100 100 100 100 100 100 100 10	. /
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 17/12/55 THE HART MAN DUNCTON'S SIGNATURE DATE 17/12/55 THE THE THE SIGNATURE DATE 17/12/55 THE THE THE SIGNATURE DATE 17/12/55 THE THE SIGNATURE DATE 17/12/55 THE THE SIGNATURE DATE 17/12/55 THE SIGNAT	ADDRESS 28

PAIRSHART CARRING MARITHESINAN CARES

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

11640

The correct age

MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 30

8/		Reg. Dist.	. N
별	1. PLACE OF DEATH- COUNTY	2. USHAL RESIDENCE (HOME) OF DECEASED-	ту. /.
	MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrent bwn) (in this place)	CITY (If outside corporate limits, write RURAL and OR	dup hins
carefully.	HOSPITAL OR	TOWN (TAYYIS DUYO	1. X-1
54,4	A INSTITUTION OR STREET ADDRESS How - Level	ADDRESS 48/6 Orchard	7:
ition ly an	3. NAME OF (First) (Middle) DECRASED 22	(Last) 4. DATE (Month)	(Day) (Year)
ear	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If und	er i year If under 24 hrs.
info th c	WIDOWED, DIVORCED,	June 23. 1889 66 yrs. Month	Days Hours Min.
n of informatio f death clearly a	10a. USUAL OCCUPATION (Give kind of work done durfar most of working life, aron if stired)	Osk Park I // in ais.	12. CITIZEN OF WHAT COUNTRY?
item es of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
every its	15. WAS DECRASED EVER IN U.S. AREED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDINSS.	4 (2)
200	(Yes, no, or unknown) (Il yes, give war or dates of 1/2-01-8045,	W. Burgoin Jones; Mechanic	shura LaRDA
Suppl	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
		1 21.11	ONSET AND DEATS
INK. please	Immediate cause (a)	y remain.	- June
_	Immediate cause (a) Cancers Antecedent cause(s) Diseases or conditions, if any, (b) Matastalia (a plungo	62-1.
IN is n	giving rise to the above cause stating the underlying cause last	0	The second secon
AD	(c)		
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Port	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	Yen No Y
A III	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		-, (5-11-2)
PLAINLY, WITH Us especially important.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
AIIN	INJURY m. Work At work	. ~ ~	
PL	22. I hereby certify that I attended the deceased from 16		
E	alive on 2.13, 1955, and that death occurred at 5.	MDDRESS and on the date	stated above. DATE SIGNED
WRITE	MATORIA X Lellers Description	52-1:11/Balt 28	1)
· .	25 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or co	12/13/33 inty) (State)
PLEASE	Crama Cion Dec. 15.1955 Henninger	Crematory Reading 1	enna.
PLE	DATE REC'D BY LOCAL REGISTRA'S SIGNATURE	Thuneral Marling his House	ADDRESS P

DEC 15 1075

I MEAU V. S.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1811	639
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1881	CERTIFICATE	OF	DEATH
T 25 70 H	CHILLIAM FORTH	O.L	

11641 CERTIFICATE	E OF DEATH Reg. Dist.	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Baltimore		
COUNTY MARYLAND	STATE Md. COUNTY Harford	1
CITY (If cutside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL and	give nearest town)
5 TOWN Towson 6 yrs.	Town Highland	1
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR Presbyterian Home	ADDRESS	
12		
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	
(Type or Print) Hattie	Jones Dec. 22,	19 55
	OF BIRTH: 9. AGE last birthday: IF UNDER 1	
Female RACE: WIDOWED, DIVORCED, (Specify): Wildow June	10, 1875 80 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	R II. BIRTHPLACE (State or foreign country): I	2. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired): Teacher-Ret. School	Harford Co., Maryland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William H. Wilson	Pauline Whiteford	
	INFORMANT & ADDRESS:	
(Wes no or unit) (If Wes cities were or dates of		
service) None M	rs. Elliott, Supt. Presbyterian H	ome
18. MEDICAL (CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Λ Λ	INTERVAL BETWEEN ONSET AND DEATH
4 x U. 1 Host diens son	asola. Manthal was Vilian	. 7/ 74/00
Immediate cause (a)		
Antecedent cause(s)	1 · ·	
Diseases or conditions, if any, (b)	Malase WM Hyperensia	10 years
giving rise to the above cause DUE TO	00	1 4
stating underlying cause last (c) Wentschous		Mulanown
II. OTHER SIGNIFICANT CONDITIONS:		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
U I		Yes No. I
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	, ; (CFTY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work at work		
22. I hereby certify that I attended the deceased from	4., 19.2., to 24. 24, 19.55, that I last s	aw the deceased
alive on. 1.4, 1955, and that death occurred at		stated above.
SIGNATURE OF TITL		DATE SIGNED
Orling. Known M.D	1 owsers 4 Md	12/14/55
	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify): Dec. 27, 1955 Highland F	resbyterian Highland,	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	John O. Mitchell & Sons 1900 Eu	taw Place

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A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11643

11641

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALLO MARYLAND	STATE WA. COUNTY BASTO.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give negres) (own)
OR and give nearest town) (in this place)	OR TOWN IT C (0/
HOSPITAL OR	STREET (If rural give location)
institution or STREET ADDRESS 531 Eastern, Blvd.	ADDRESS 31 Eastern Blvd, 21 md,
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) Samantha	ONCS DEATH DRC. 26 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
Femalo white (Specify) widowed Ma	YELD 2-1875 80 yrs. Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
rollind) Housewike Retired	1enn, Misia.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leessie Harris Jones	1 Un Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or deles of service)	Dara moore 918 Rencon St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 MAMEDIATE CAUSE (A)	as Jamona todays.
ANTECEDENT CAUSE(S) DUE TO	1 1-7 - 1 - 1
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	1 morrison man
STATING UNDERLYING CAUSE LAST, DUE TO	•
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 1 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO P
21o. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from how ly	3, 195. 3, to
	12. M, from the causes and on the date stated above.
IIIINATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Drolet J. Milen M.D.	
23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY OR-	LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	Said Willer To
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE. ADDRESS
and the second	ADDRESS ADDRESS
DATE 127955 Gettle Herrley	FITH HORING 170 Castem Curp



MARYLAND STATE DEPARTMENT OF HEALTH

11644

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

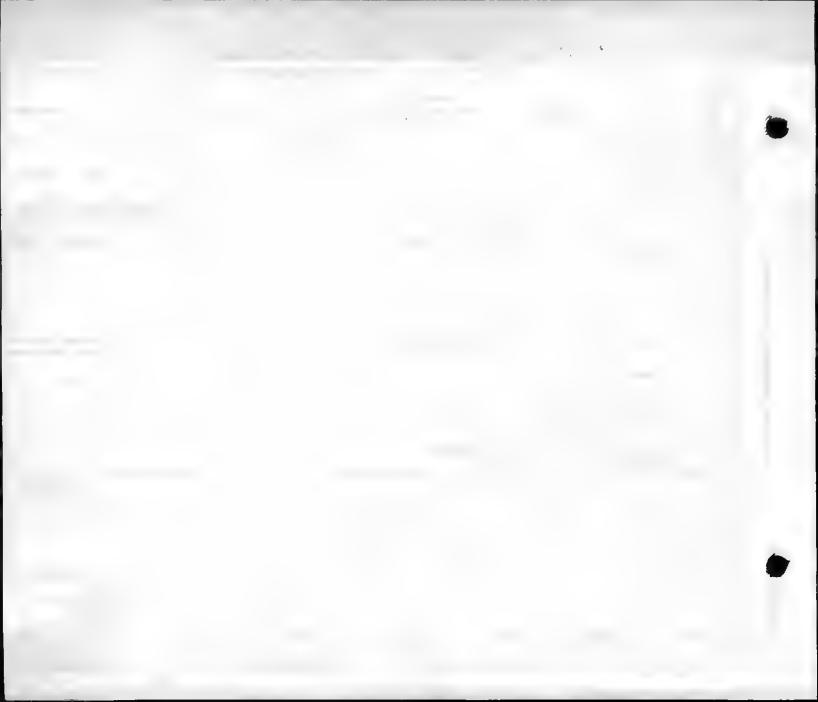
e e				
The	1. PLACE OF DEATH- COUNTY & A	r-Mc	2. USUAL RESIDENCE (HOME)	OF DECEASED.
34	CITY (If outside corporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (II outside corporate limit	ts, write RURAL and give nearest town)
26	OR give nearest town)	(in this place)	OR MIDDLE	BORDEH X
eg	HOSPITAL OR			(If rural, give location)
2 G	INSTITUTION OR STREET ADDRESS MIDDLE 130	DUCH Ph.	ADDRESS MIDDLE	BORNE HRD
len ar	3. NAME OF (First)	(Middle)	(Lnat) 14. D	ATE (Month) (Day) (Year)
nat Irly	DECEASED (Type or Priot) ANNA	(Migdie)	111111111111111111111111111111111111111	
Feat	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,		E last birthday Il under I year If under 24 br
every item of information carefully in causes of death clearly and legibly.	FEMALE WHITE	WIDOWED, DIVORCED, (Specify)	10142-1911	4 4 yrs. Months Days Hours Min
of	10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT
E d	done during most of working life, even if cetired)	INDUSTRY AT HOME	Mp.	Countrat?
in Si	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	3
ry rus				
S S	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRES	171/71 E 24.1
the	service)	21	I CASIMIR I	KANIS ABOUT
Supply e		18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
Su ₹	I. DISEASES OR CONDITIONS DIRECTLY	LYADING TO DEATH	0	ONSET AND DEATE
INK.	> 4	Yunshort 4	Journal	60 Sec_
Za l	`Immediate cause (a)		The result of the second secon	The same of the sa
	Antecedent cause(s) Diseases or conditions, if any, (b)			
an S	giving rise to the above cause		**************************************	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dis	stating the underlying cause last			
Fğ	II. OTHER SIGNIFICANT CONDITIONS			
Z .	Conditions contributing to the death but not related to the disease or condition causing deat	t la		
T T	19a. DATE OF OPERATION 19b. MAJOR			20. AUTOPSYT
田田	4			Yes Ti No V
N A	21. EXTERNAL CAUSE WAS PLA	CE (Home, larm, factory, street,	(CITY OR TOWN)	
J.E.	PRIMARY GOR CONTRIBUTING OF CAUSE OF DEATH.	office bldg., etc.) URY		
∃ #	TIME (Mooth) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR!	
E.5	INJURY m.	work Rt work		
WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	22. I certify that I took charge of the rema	ins described above held on A	Interest Inspection V Inc	uiru T thereon and from the evidence
E. 2	obtained by said Autopsy, Inspection o	r Inquiry, find that said dece	ased died on the dry stated above	e, and death in my opinion resulted DATE SIGNED
	from: natural causes [] accident [], suicide homicide],	undetermined .	DATE SIGNED
Ξ	SIGNATURE	/ 10 Degree of the	ADDRESS	See .
	The accus M	1). Dal	122	12-29-55
ASE	21. AURIAL, CREMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY LOCAT	ION (City, town, or county) (State)
€	111JURIAL 1/2/30/	55 JACREP		ALTO. MP
PLE	DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTOR	ADDRESS
	12/3/55 Est	el Neurley	I down IT Conne	ly cosep
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MARGIN RESERVED FOR BINDING

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7/2			MARTEAND	SIAIL DE	ARTHUBIA	OF HEALTH	-ballinoke,	10
J.F.			11818	CERTI	FICATE	OF DEAT	TH Reg	Dist. No.
nd leg		. NAME OF DI Type or Print)	ECEASED - MAS	IRENE	M. K	ARIS	2 DATE OF DEATH	ec. 9,1955
z # <	d 78	PLACE OF DE		H A		4. USUAL RESIDE		ed. It institution : residence
	-11/-	FULL NAME	Maryland (1) OF (If not in hospital	or institution, give	e street address or	MI MI		before admission)
FOINT I		OSPITAL OR		cost Mus	Inaction)	C. CITY OR TOWN		e limits, write RURAL and give
_ मिन्द्		90	Marie C. Home	COST AMEN	sing tome	Cum	BERLAND	township)
BALL f deat				11	Mos	D. STREET ADDRE	· · · · ·	
A PO	=	Length of st	tay in Baltimore	11	DEVS	I I K	ARUS AVE	
▼ sil		F	6. COLOR OR RACE	7. SINGLE, MARI	RIED. VORCED (Specify)	Aug. 22,	9. AGE (In yet last birthda)	Brs Mude i Yes H Under 24 Hours y) Months Days Hours Min.
	l wa	OA, USUAL, OC	CUPATION (Give kind of fworking lafe, even if retired)	IOB, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE(S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRYS
Nor Sor		Hou	ASEWIFE			('Epk	JSYL VA-WIA	USA
	114	3. FATHER'S N	0 1 00	A 6		14. MOTHER'S MAI	IDEN NAME	
	-	13	-1 - 1 1 2	ענמא		Ellen 8	barney ge	
	ď	es, un of nuknuwn)	D EVER IN U. S. ARMED (If you, give wer or dutos o		OCIAL ECURITY NO.	17. INFORMANT	DO IKA	ADDRESS
Ple ple	1	18.			041100	20%	yr r. r.	INTERVAL BETWEEN
RE-BL			E OR CONDITION D	DECTI V		OF DEATH		ONSET AND DEATH
RMANENT RECORD. OR BLUE-BLACK II Physicians: please		(This does	LEADING TO DEATH not mean the mode of re, asthenia, etc. It means	dylng, e.g.,	" Me	centeric Th	m bosio su	gested ? 6 Krs.
Phy CHY		injury or	complication which car	sed death.) Du	JE TO			
S A PERMA BLACK OR Slied C Phy	-,	7/0/	OR CONDITIONS, IF		(B). (ven	morris, l	obar	2 days
N T CON		RISE TO TH	HE ABOVE CAUSE (A) S' ING CONDITION LAST	TATING THE DU	ty put	Tensivie Azter	isselvatic (Cardio 4 yrs.
ES WE	υ <u>ù</u>		11		- 11	They culton	CLORAGE	1
rekul	ERTIFIC	TO THE	VIFICANT CONDITIONS C DEATH BUT NOT RE CONDITION CAUSING I	LATED TO THE	CEREBR	An THROME	BOSIS RT.	1 yr.
VITH PER	Ū	CAUSE OF D	EATH, ENTER IN	A. DATE OF OPI	ERATION 1	B CONDITION FOR	WHICH OPERATION	20. AUTOPSY?
or vi		OF INJURY		ZTE. INS			DID INJURY OCCUR?	YES NO V
				mi work	AT WORK			Y
E TYPE. (22. 1 certif	y that (I) (this he	hepital) attend	ed the deceas	ed from	Harres y	19 53 to
SE 7		and that deat	th occurred at. 7		n the causes a	nd on the date sta	ited above.	4 , 19 22 ,
PLEASE m of in		23A. SIGNAT	M (1)	5/00:		ADDRESS	red avove.	23c. DATE SIGNED
r item		ATTENDING PH	YS MLD. DIRECT	OR STAFF	M D.	Luverit	Hosp. Walt	o Dec 9, 1955
> C	7 Ti	4A. BURIAL. CE ON REMOVAL (SD	REMA. 248. DATE	240 NA	ME OF CEMETER	Y OR CREMATORY	240. LOCATION (City,	(State)
Every CER1	P	ATE RECEIVED	BY REGISTRAR'S	3 1/// (I	arest (m	Cumberla	if me
	L	ATE RECEIVED	AR W	GNATURE	.,	25 FUNERAL DIREC	Oi DI	ALDRESS
E	12	26.7.195	131 //avu	C. MA	4 1	yourard.	H. Kuhlo	ref.



regimrar within 72 hours after death. After this by the funeral director, the third copy of this

The bottom copy may be retained by the hospital or attending physician. HYSICIAN OR HOSPITAL

ATTENDIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11644

11646 CERTIFICATE OF DEATH

Reg. Dist. No.....

			2. USUAL RES	IDENCE (HOME) OF DE	CEASED	
county Baltimo	ore	MARYLANE	STATE Mary	land county		
CITY (If outside corporate limit OR and give nearest town)	its, writa RURAL	LENGTH OF STA	CITY (If outside OR	corporate limits, write RURAL and	give nearest town)	
Town Fort Ho	oward	51 Days	TOWN Balt	imore	int.	1 , 1
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rural give	location)	
STREET ADDRESSVeterar	ns Administr	ation Hosp	ital 164	Waverly Way		
3. NAME OF (FI	irst)	(Middle)	(Last)	4. DATE (Month	(Day)	(Year)
(Type or Print) CHARI	LES H	ENRY	KECK	DEATHDece	ember 20	1955
5. SEX 6. COLOR OR	7. SINGLE, MAI	RIED, B.	DATE OF BIRTH	9. AGE last birthday		IF UNDER 24 HRS
RACE TURNED TO	WIDOWED, I	NVORCED,	7-19-93	62 yrs.	Months Deys	Hours Min.
Male White Oo. USUAL OCCUPATION (Give ki	ind of work 10b.	IND OF BUSINESS	11. BIRTHPLACE (State of		l 12. CITIZEN	OF WHAT
dona during most of working li	lifa, even W (OR INDUSTRY		· · · · · · · · · · · · · · · · · · ·	COUNT	RY?
retired Army Office	er Ket	ired	Hawk, Ohio		U	. S. A.
			14. MOTHER'S MA			
Edmund Keck			Clara Bie	-		
15. WAS DECEASED EVER IN U. S.		16. SOCIAL SECURITY				
Yes no, or unk.) 8 (If Yes, give we	to 6-30-53	None	Clin. Re	ec., Vet. Adm. Hos	p. Ft. How	ard.Md.
I DISEASES OR CONDITIONS DIRE		18. MEDICA	L CERTIFICATION		INTER	VAL BETWEEN
1 DISEASES OR CONDITIONS DIRE						T AND DEATH
IMMEDIATE CAUSE	(A) ADE	NOCARCINOM	A KIDNEY, LEFT,	WITH METASTASE	S UN.	KNOWN
ANTECEDENT CAUSE	S) DUE TO					
DISEASES OR CONDITIONS, IF A	ANY, (B)					
GIVING RISE TO THE ABOVE CA	AST. DUE TO					
11 OTHER SIGNIFICANT CONDITION	(C)					
TO THE DEATH BUT NOT RELATED	D TO THE					
DISEASE OF CONDITION CAUSIN						
DISEASE OF CONDITION CAUSIN	196. MAJOR FINDING	S OF OPERATION				AUTOPSY?
198. DATE OF OPERATION	196. MAJOR FINDING		21c. WHERE DID INJURY	DCCUR? (City or Ipwn)	YES	ПКои
19%, DATE OF OPERATION 21%, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. MAJOR FINDING G	s of operation me, ferm, factory, , office bldg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or lown)		
190. DATE OF OPERATION	19b. MAJOR FINDING G 21b. PLACE (Ho ATH OF INJURY street NER) Dey) (Year) (Hour) 21	me, ferm, factory, , office bldg., etc.) e. INJURY OCCURRED	21f. HOW DID INJURY		YES	П (ои
19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	19b. MAJOR FINDING G 21b. PLACE (Ho ATH OF INJURY street NER) Dey) (Yeer) (Hour) 21	me, ferm, factory, , office bldg., etc.)	21f. HOW DID INJURY		YES	П (ои
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199. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. TIME OF INJURY (Month) (I	19b. MAJOR FINDING G	me, ferm, factory, , office bidg., etc.) e. (NJURY OCCURRED hila Not while work at work eased from OCt.	21f. HOW DID INJURY	Dec. 20 , 165	(County)	(Stete)
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINATION OF INJURY (Month) (IF ETHER) 21d. TIME OF INJURY (Month) (IF ETHER)	19b. MAJOR FINDING G	me, ferm, factory, , office bidg., etc.) e. (NJURY OCCURRED hila Not while work at work eased from OCt.	21f. HOW DID INJURY	DEC. 20 155	(County) , That You sow	(State)
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190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN- 21d. TIME OF INJURY (Month) (IF EITHER) 22. I hereby certify that always of the series of th	19b. MAJOR FINDING G	me, ferm, factory, , office bidg., etc.) e. INJURY OCCURRED hila Not while work at work eased from OCt. d that death occu	21f. HOW DID INJURY 21f. HOW DID INJURY 31, 1955, to.J	Dec. 20 , 155	(County) , That Visa Sew ite stated above state) YIAND 12	(State) (State) ATE SIGNED -20-55
190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN- 21d. TIME OF INJURY (Month) (I	19b. MAJOR FINDING G	me, ferm, factory, office bidg., etc.) e. INJURY OCCURRED hile Not while work at work eased from Oct. d that death occur f Medical M NAME OF CEME	21/. HOW DID INJURY 21/. HOW DID INJURY 31, 155, to .1 Irred at .8:00A.M, from Service VAH, FOTERY OR CREMATORY	DEC. 20 , 155	(County) , That Play Sow ite stated above state) YLAND 12 or county)	(State)
19. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN- 21d. TIME OF INJURY (Month) (II 22. I hereby certify that AINCOSICXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	19b. MAJOR FINDING G	me, ferm, factory, office bidg., etc.) e. INJURY OCCURRED hile Not while work at work at work data death occurred hill and the state of	21f. HOW DID INJURY 21f. HOW DID INJURY 31, 1955, to.J	Dec. 20 , 155	(County) , That Play Sow ite stated above state) YLAND 12 or county)	(State) (State) ATE SIGNED -20-55
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN- 21d. TIME OF INJURY (Month) (I 22. I hereby certify that AINTOSICXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	19b. MAJOR FINDING G	me, ferm, factory, office bidg., etc.) e. INJURY OCCURRED hile Not while work at work at work data death occurred hill and the state of	216. HOW DID INJURY 216. HOW DID INJURY 31, 165, to.l 1455, to.l	Dec. 20 , 155 the causes and on the da ADDRESS (Street, cliy, town, DRT HOWARD, MAR) LOCATION (City, Town, Newark, Oh	(County) , That Yes Sow ite stated above state) YLAND 12 or county)	(State) (State) ATE SIGNED -20-55

BUREAU V. S.

DEC SS 1955

11617

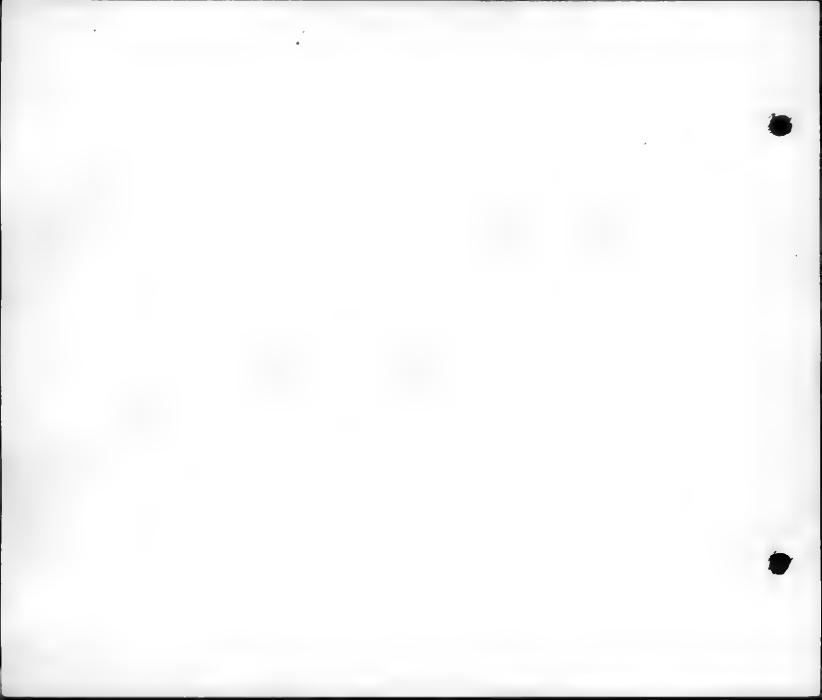
21041	CERTIFICATI		ATH Reg.	Dist. No
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE	Maryland (COUNTY Baltimore
COUNTY DELICITORY CITY (If outside corporate limits, write OR and give nearest town) TOWN Hereford HOSPITAL OR INSTITUTION OR	RURAL LENGTH OF STAY (in this place)	CITY (If outs	ide corporate limits, write RUR ereford	
V STREET ADDRESS York Hoad		STREET ADDRESS	(If rural give loc ork Road	ration)
3. NAME OF (First (Minnie) (Type or Print) Amelia Stoll	(Middle) Keil	(Last)	4. DATE (Month) OF DEATH: DCC.	(Day) (Year) ! 4 19 5*5
RACE: WIDOV	e, MARRIED, ved, divorced, 18. DATE 2/14/	OF BIRTH:	9. AGE last birthday: If UND Month	
	10b. KIND OF BUSINESS OF INDUSTRY:		E (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	, <u>U. 13 a.</u>
Christian Stoll		Anna Graf		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.: 17	INFORMANT & Al	DDRESS:	
1' / las-utas]	Mr. Charles	A. Keil, York Rd,	Hereford, Md
	18. MEDICAL CERTIFICAT			
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	- 1	hemerk	,	Interval Between Onset And Death
A	ro		9	0
This was a second of the second	1 typerte	hadam		
(c)	Therebyed	artern-	Solerver	
Conditions contributing to the death but he	death.			444
19a. DATE OF OPERATION: 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY 1
21. ACCIDENT (Specify) PLAC		101831 00 80	(CONTINUE)	Yes No Z
SUICIDE OF INJUS		(CITY OR TOV	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the	INJURY OCCURED While at Not While Work At Work	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the	e deceased from	1945, to 1/2	Leciy, 1925, that I	last saw the deceased
anve on x y z z , 1922 ., and t		1.201	m the causes and on the codress	
23. BURIAL, UREMATION, DATE THERE (REMOVAL (Specify)		RY OR CREMATOR)	LOCATION (City, town,	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S	S Moreland	Memorial R	k. Baltimore, Md	ADDRESS
BEGISTRAR 4 1955 / . (1)	3 The Juck	J. FUNERAL DIR	\$305 Harford Rd, 1	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

BINDING

MARGIN RESERVED FOR



Reg. Dist. No.

PASSICIAN OR HOSPITAL: The law requires that the death nay be retained by the hospital or attending physician.

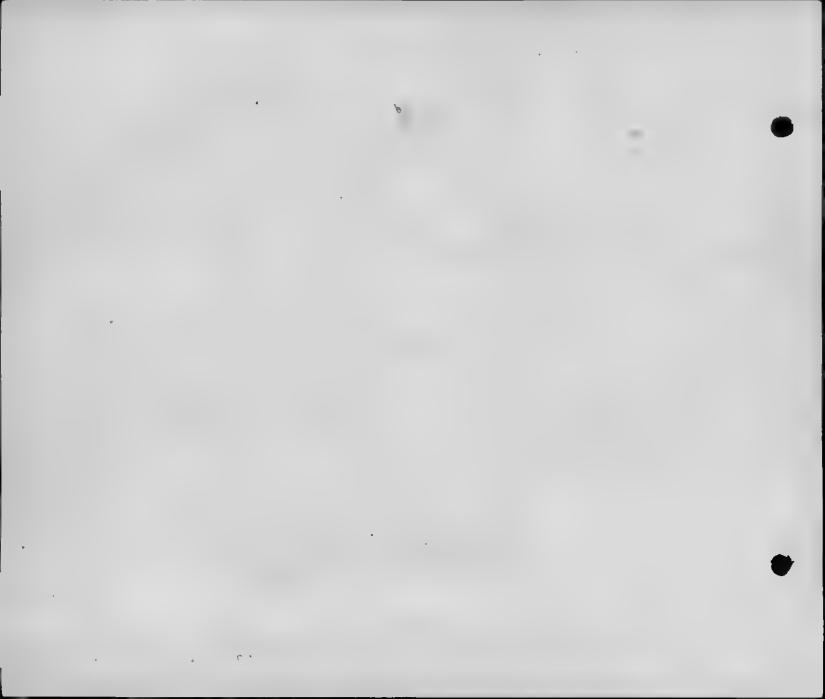
an death, After this third comy of this

11648 CERTIFICATE OF DEATH

COUNTY DALTO				
	MARYLAND	STATE	COUNTY	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If putside corporete liff)	R, write RURAL and give nee	rest town)
OR and give nearest town) TOWN THE 20115	17 (in this place) 125	OR TOWN	M 625	
HOSPITAL OR		STREET /	(if fural give location)	34
INSTITUTION OR STREET ADDRESS ////	4 65	ADDRESS /	(,	2 5
1001	1 -2/1			
NAME OF (First), DECEASED	(Middla)	(Last) 4.	OF (Month)	(Day) (Yaer)
(Typa or Print)	ELLH	RELLY	DEATH JOLO	19- 1955
	MARRIED, 8. DATE	SF BIRTH 9. AG	E last birthdey IF UNDER	
F. U.S. (Specify		T. 9, 1884	Yrs. Months	Days Hours Mir
le. USUAL OCCUPATION (Give kind of work dona during most of working life, even if	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stala or foreign cour	(ry) 12	
retired) The No. The	OK INDUSTRY	·VENN.	4	COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		21317
HARRY	SALIZS	ABRAIV 12	Hora	. nul
WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	CHIOLI IV	1/01-11/11	MIN
es, ptt of unk.) (If Yes, give war or detas of service)	1 / /	17, INFORMANT & ADDRES	n Var.	C 10
160	100012	JHMES 1	F. KELLI	
DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 18. MEDICAL CI	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
,	Halia aster-	to Ret Sheer		11111
LECTION IMMEDIATE CAUSE (A)	- Aprilation of	0 // / / / /		4400.
ANTECEDENT CAUSE(S) DUE TO	Themales of 1	to alexander		10 mas
ISEASES OR CONDITIONS, IF ANY, (B) SIVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST DUE TO	0	did the same of the same of the same		
TATING UNDERLYING CAUSE LAST. DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			·	-
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.	IDINGS OF OPERATION			70. AUTOPSY? #
DISEASE OR CONDITION CAUSING DEATH.	NDINGS OF OPERATION			20. AUTOPSY?
PO. DATE OF OPERATION 196. MAJOR FIN	E (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (Crt	y or town) (Cour	YES NO
DISTASE OR CONDITION CAUSING DEATH. 99. DATE OF OPERATION 199. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY		21c. WHERE DID INJURY OCCUR? (Cr	y or town) (Cour	YES NO
DISEASE OR CONDITION CAUSING DEATH. D. DATE OF OPERATION 19b. MAJOR FIN B. ACCIDENT WAS UNDERLYING 121b. PLACE R CONTRIBUTING 1 CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY	E (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (Cit	y or town) (Cour	YES NO
DISEASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING 2AUSE OF DEATH OF INJURY IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, factory, street, office bldg., etc.) 2 Ia. INJURY OCCURRED While Not while		y or lown) (Cour	YES NO
PISHASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION 19b. MAJOR FIN 11b. ACCIDENT WAS UNDERLYING 1 21b. PLAC 11c. ACCIDENT WAS UNDERLYING 1 CONTRIBUTING 1 CAUSE OF DEATH OF INJURY 11c. TIME OF INJURY (Month) (Day) (Yeer) (Hour) M.	E (Home, farm, factory, street, office bidg., etc.) 21a. INJURY OCCURRED Whita Not white at work	21f. HOW DID INJURY OCCUR?		YES NO (State)
DISFASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 10b. ACCIDENT WAS UNDERLYING 10b. PLACE 10c. ACCIDENT WAS UNDERLYING 10b. PLACE 10c. CONTRIBUTING 10c. CAUSE OF DEATH 10c. 10c. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 10c. ACCIDENT WAS UNDERLYING 10c. 10c. ACCIDE	E (Home, farm, factory, street, office bidg., etc.) 21a. INJURY OCCURRED White Not white at work at work	21f. HOW DID INJURY OCCUR?	, 19.5.3, that I	YES NO (State) (State)
PSEASE OR CONDITION CAUSING DEATH. 98. DATE OF OPERATION 1996. MAJOR FIN 198. MAJOR FIN 198. MAJOR FIN 198. MAJOR FIN 198. MAJOR FIN 216. PLAC OF INJURY (Month) (Day) (Yeer) (Hour) M. 22. 1 hereby certify that I attended the	E (Home, farm, factory, street, office bidg., etc.) 21a. INJURY OCCURRED White Not white at work at work	21f. HOW DID INJURY OCCUR?	, 19.5.3, that I	YES NO (State) (State) last saw the deceased above.
PISHASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION 19b. MAJOR FIN 11b. ACCIDENT WAS UNDERLYING 1 21b. PLAC 11c CONTRIBUTING 1 CAUSE OF DEATH 11c CONTRIBUTING 1 CAUSE 11c CONTRIBUTION (Month) (Day) (Yeer) (Hour) 11c CONTRIBUTION (MONTH) (MON	E (Home, farm, factory, street, office bidg., etc.) 2 la. INJURY OCCURRED While work at work deceased from deceased from and that death occurred	21f. HOW DID INJURY OCCUR?	, 19.5.3, that I and on the date state	YES NO (Stata) (Stata) last saw the deceased above.
PSEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION 19b. MAJOR FIN 21b. PLAC OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 10d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) M. 22. 1 hereby certify that I attended the alive on 19	E (Home, farm, factory, street, office bidg., etc.) 21a. INJURY OCCURRED White Not white at work at work	21f. HOW DID INJURY OCCUR? 19 4 to dec 25 at 7 M, from the causes ADDRESS S 20 D S 0	, 19.5.3, that I and on the date state	I YES NO (Stata) I last saw the deceased above. DATE SIGNE
DISFASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY (FEITHER, NOTIFY MEDICAL EXAMINER) 10. TIME OF INJURY (Month) (Day) (Yeer) (Hour) M. 12. 1 hereby certify that I attended the alive on the signature of the	E (Home, farm, factory, street, office bidg., etc.) 21a. INJURY OCCURRED While work at work deceased from, and that death occurred M.D.	21f. HOW DID INJURY OCCUR? 19 4 to dec 25 at 7 M, from the causes ADDRESS S 20 D S 0	and on the date state (Street, city, town, state)	I YES NO (State) No (State) I last saw the decease ad above. DATE SIGNE
DISFASE OR CONDITION CAUSING DEATH. P. DATE OF OPERATION 19b. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY (Month) (Day) (Yeer) (Hour) M. 2. 1 hereby certify that I attended the alive on the contribution of the contri	E (Home, farm, factory, street, office bidg., etc.) 2 la. INJURY OCCURRED While work at work deceased from deceased from M.D., and that death occurred	21f. HOW DID INJURY OCCUR? 19 4 to Maria 3 at 7 M, from the causes ADDRESS OR CREMATORY LOC AUNI	and on the date state (Street, city, town, state)	last saw the deceased above. DATE SIGNE (State) (State)
DISFASE OR CONDITION CAUSING DEATH. 90. DATE OF OPERATION 19b. MAJOR FIN 10. ACCIDENT WAS UNDERLYING 7 10. CONTRIBUTING 7 10. CONTRIBUTING 7 11. CONTRIBUTING 7 12. CONTRIBUTING 7 12. CONTRIBUTING 7 13. BURIAL, CREMATION, 1 19	E (Home, farm, factory, street, office bidg., etc.) 2 la. INJURY OCCURRED While work at work deceased from deceased from M.D., and that death occurred	21f. HOW DID INJURY OCCUR? 19 4 to dec 25 at 7 M, from the causes ADDRESS S 20 D S 0	and on the date state (Street, city, town, state)	I YES NO (State) No (State) I last saw the decease ad above. DATE SIGNE

SECEIVED 1956

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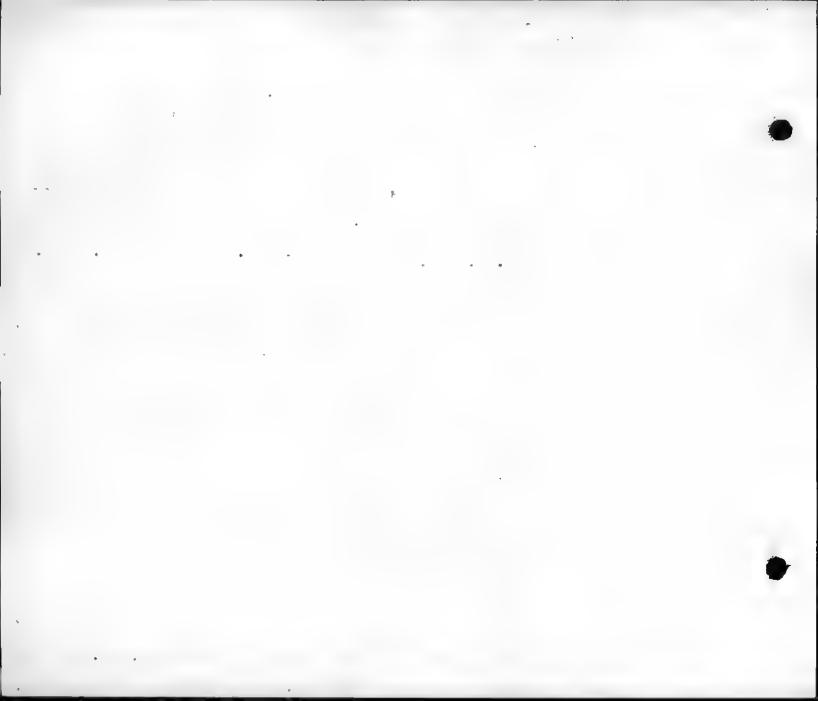


	CERTIFICATI	E OF DEATH Reg. Dist	t. No. 2 J
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY Baltimore MARYLAND	STATE Md. COUNTY Ba	Uto.
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN TOWSON LENGTH OF STAY (in this place)	CITYIIf outside corporate limits, write RURAL : OR TOWN TOWS ON	and give nearest town
item of information of death clearly and	HOSPITAL OR Armacost Nursing Home	STREET (If rural give location) ADDRESS 532 Stevenson Lar	
m of inf death cl	3. NAME OF (First) (Middle) DECEASED:/ (Type or Print) George Ktrt1	OF DEATH: Dec. 2	Day) (Year) 0 19 5 5
1.	Male White Specify: Married May 4	9, AGE last birthday Ir under 1	Days Hours Min.
y every	Work done during most of working life even if retired):	Phila., Pa.	CITIZEN OF WHA
pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Su ite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes. no, or unk.) (If Yes, give war or dates	MATT E Simpson	Southview
INK.	No of service) 212-01-5007	Mrs. Pauline K. McPherson-	1218 hd.
S as	18. MEDICAL CERTIFICAL	yon 10	INTERVAL SETWEE
IN P	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Bronchul	ONSET AND DEATH
AI IS:	IMMEDIATE CAUSE (A)	ellousned	4 Days
TH UNFA	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	I al Habelensing	
—	STATING UNDERLYING CAUSE LAST.	la Barel March A	2001
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The contract of the contract o	20 92
ort.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY, W	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if gither, notify medical examiner)	tory, etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
F	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
OR See is	22. I hereby certify that I attended the deceased from	7, 19.46 to Dec 20, 19 D, that I last	t saw the decease
E	alive on Dec >0, 19 V. and that death occurred at	/OH. M, from the causes and on the date	stated above.
	Charles 4 () ounell M	1.0. 7501 Yoch Rd. Tan	wear 4 hd //
PLEASE	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, o	r county) (State
LE	Burial 12/22/55 New Cathed pate rec'd by Local Registrar's signature;	ral Cemetery Baltimore, N 24. FUNERAL DIRECTOR	ADDRESS
juliuj .	BEGICTEAR		

VS. A15-10-53

PATE REC'D BY LOCAL

MARGIN RESERVED FOR BINDING



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director,

within

registrar by the f

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completely transit

pue

physician Se

attending

burial

USB

detached

pe

death certificate assembly should

¥ili Filed

requires that the death certificate be

DIRECTOR: The law

executed

peen

certificate has FUNERAL

or attending physician.

1. PLACE OF DEATH

HOSPITAL OR

STREET ADDRESS

DECEASED

(Type or Print)

female

13. FATHER'S NAME

(Yas, no, or unk,)

19a. DATE OF OPERATION

21d. TIME OF INJURY

21a. ACCIDENT WAS UNDERLYING I

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

no

COUNTY

3. NAME OF

5. SEX

// TOWN

Baltimore

Middle River

and give naggest town)

III outside corporata limits, write RURAL

COLOR OR

RACE

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if

retired) Housewife

white

Francis Henry Leidich

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(First)

MARY ADELINE

(If Yes, give war or dates of sarvice)

DUE TO

DUE TO

(Year)

MAJOR FINDINGS

21b. PCACE (Homa, farm, factory, OF INJURY street, office bldg., atc.)

Tvv Hall Mursing Home

d.i.h. third afilir

Hours ?

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11651 CERTIFICATE OF DEATH

8. DATE O

Sept

MARYLAND

LENGTH OF STAY

(in this place)

mo.

16. SOCIAL SECURITY NO.

18. MEDICAL CE

(Middle)

KLECKNER

widowed

At Home

none

OF OPERATION

21a. INJURY OCCURRED

10b. KIND OF BUSINESS OR INDUSTRY

SINGLE, MARRIED.

(Specify)

WIDOWED, DIVORCED,

11649

					Reg.	Dist	. No	45	****
Ì	2. USUAL RESIDENCE (HOME) OF DECEASED								
	STA			cou					
ı	CITY (if outside corporate limits, write RURAL end give nearest lown) OR								
	TOV	Det	hleh				. '	ń	
ı	STREET (If rural giva location) ADDRESS								
Į		52	3 F1	rst Ave					
	(Last)			4. DATE			(Day)	(Yaa	
				DEATH	Dec			19	
)F	BIRTH		9.	AGE last birthd	-			IF UNDER	
	8, 1	369		86	yrs. Mc	oths	Days	Hours	Min.
1	II. BIRTHPI	LACE (State	or foreign	country)		13	COUN	N OF WHA	VT.
]	North	ampton	Co.	, Pa.			USA	TKT /	
Ī	14, M	OTHER'S MA	LIDEN NA	ME					
	Isa	dora A	deli	ne Weit	kmech	ıt			
	17,	INFORMAL	NT & ADE	PRESS					
	M	rs. Da	vid	C. Nowa	ck, l	5 I	e. Eli	m Ave	
21	TIFICATI			,				ET AND DE	
2	fo	rom	G	T trac	t		31	nos	
nd we Colon				32	3 mos				
	0	7							
4	lur	e					4	wee	les

While Not while al work at work 1955, that I last saw the deceased 12, 19, 55, and that death occurred at 11 P.M. from the causes and on the date stated above A15C 1-55 10M

21c. WHERE DID INJURY OCCUR? (City or town)

21f. HOW DID INJURY OCCUR?

Marver X	. Fuller	
BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	

(Month) (Day)

20. AUTOPSY?

NO I

(Stata)

YES

(County)

burial REC'D BY REGISTRAR

ADDRESS Belair Road

M. D. 23 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 27/55 Cemetery Bethlehm REGISTRAR'S SIGNATURE 2S. FUNERAL DIRECTOR'S SIGNATURE



'S' A AV

DECEDAED.

the registrar within 7.2 Lours after denth. After this in by the funeral director, the third copy of this

ATTINDING TYPEICIAN OF HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burist permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11652

CERTIFICATE OF DEATH

11654

30 Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY TO ALTIMORE MARYLAND	STATE MARYLAN COUNTY BA	LTIMORE		
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and The nearast lown)	CITY (II outside corporate limits, write RURAL and give neare OR	st town)		
	DATOWN ATONSUILLE LITE	TOWN CATONSVILLE	<i>₹</i> ,		
	HOSPITAL OR INSTITUTION OR	STREET (W rurel give location)	, , , , ,		
	5 STREET ADDRESS 3 17 HARLEM LANE	317 MARLEY LANE			
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)			
	(Type or Print) WILLIAM / O	LD DEATH VEC.	4, 1955		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE last birthday IF UNDER 1	Deys Hours Min.		
	MALE WhITE (Spacify) MARRIED KA	N. 16. 1875 80 yrs.			
	done during most of working life, even if OR INDISTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT		
	relies ARDENTER BLAG. CONST.	MARYLAND GOS.H.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	NOIAN KOLK	Unknown			
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	, ,		
2	(14 Yas, giva year or dates of service)	ELLENKOLB 317 HA	rley LANE		
4	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
	A. Y	CA.	145		
	ANTECEDENT CANCERS DUE TO	2016			
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY,				
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
	(C)				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
	198. DATE OF OPERATION 198. MAJOR ENDINGS OF OPERATION		YES NO		
		Ic. WHERE DID INJURY OCCUR? (City or town) (County	r) (Stela)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	^			
	21d. TIME OF INJURY (Month) (Day) (Yast) (Hour) 21s, INJURY OCCURRED White Not while	II. HOW DID INJURY OCCUR?			
	M. stwork L at work L				
	22. I hereby certify that I attended the deceased from		ast saw the deceased		
alive on 12-14 19 55, and that death occurred at \$300 M, from the causes and on the date stated above					
SIGNATURE ADDRESS (Street, city, town, state) DA					
ທຸ	M.D. 23 BURIAL, CREMATION, I DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, lown, or county)	(Stata)		
v.	KERSIDVAL (SPECIFY)	1 1 L 12.14	(Sidio)		
<	12491AL 12-7-351 Loudon		DORESS)		
>	24. REC'D BY REGISTRAR REGISTRATES SIGNATUSE	25. FUNERAL DIRECTOR'S SIGNATURE	1.1		
	DATE, , , b. Harrys	Large A. Kehweb- 2101/	nekusk		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 1653 Reg. Dist. No.....

CERTIFICATE OF DEATH 11655

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Towson (in this place) 5 yrs.	OR Baltimore
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Presbyterian Home	ADDRESS 2636 N. Charles St.
8. NAME OF (First) (Middle) DECEASED:	(Lust) 4. DATE (Month) (Day) (Year)
(Type or Print) PSSID B. K	VAUSP DEATH: DPC, 25, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE tast birthday: IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
Female White (Specify): Widow Dec.	4 9 9 9 9
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, INDUSTRY: even if retired): None None	Harford Co., Maryland U.S.A.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Josiah V. Bell	Cornelia J. Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: Towson, Maryland
(Yes, no or unk.) (If Yes, give war or dates of NOne Mrs.	Sunt Presbyterian Home of Maryland
	SUDE.
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Interval Between
LL U.SX	It I to the Acute!
Immediate cause (a)	
DUE TO (
Antecedent cause(s) Diseases or conditions, if any, (b) Outline	in Spiece Curpioun
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO (b) DUE TO	n Spiece Curpioun
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) DUE TO OUE TO UKENETURE	with arterioreferous buknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	with arteriorelevous (mitale) 12/9/55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	with arteriorelevois buknown mbage & hemispligis (nighting) 12/9/55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) DUE TO (b) DUE TO (c) DUE TO (c) DUE TO (c) DUE TO (d) DUE TO (e) DUE TO (e) DUE TO (c) DUE TO (d) DUE TO (e) DUE TO (e) DUE TO (f) DUE TO (g) DUE TO (h) DUE TO (c) DUE TO (d) DUE TO (e) DUE TO (e) DUE TO (f) DUE TO (g) DUE TO (h) DUE TO (h) DUE TO (c) DUE TO (d) DUE TO (e) DUE TO (e) DUE TO (f) DUE TO (g) DUE TO (h) DUE TO (h) DUE TO (o) DU	Yes No
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause iast (c) DUE TO UKENTALIAN (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INDURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes No P
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 22. ACCIDENT (Specify) OF office bldg., etc.) 23. ACCIDENT (Specify) INJURY 24. ACCIDENT (Specify) INJURY 25. ACCIDENT (Specify) While at Not while of the property of the bldg., etc.) 26. While at Not while of the property of the	Yes No P (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I attended the deceased from	Yes No P (GITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? , 1955, to/2.4, 1955, that I last saw the deceased
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION: 193. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) 193. While at Not while INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	Yes No P (GITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? , 1955, to/2.4, 1955, that I last saw the deceased
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I attended the deceased from	Yes No P (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1, 1955, to) 2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying canse last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION: 193. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) 193. HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work at work at work at work at work at work. 22. I hereby certify that I attended the deceased from the strength of the decease decease deceased from the strength of the decease decease deceased from the strength of the strength of the decease decease decease decease decea	Yes No W (GITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? How DID INJURY OCCUR? 1955, to) 2, 1955, that I last saw the deceased 11 2m., from the causes and on the date stated above. DATE SIGNED Toward 4 Md
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION: 193. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) 193. HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I attended the deceased from the work at work at work at work sign and that death occurred at SIGNATURES 23. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER 24. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER 25. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER	Yes No P (GITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? L, 1955, to) 2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION: 193. MAJOR FINDINGS OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) 193. HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I hereby certify that I attended the deceased from the work at work at work at work sign and that death occurred at SIGNATURES 23. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER 24. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER 25. BURIAK, CREMATION DATE THEREOF NAME OF CEMETER	Yes No W (GITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? How DID INJURY OCCUR? 1955, to) 2, 1955, that I last saw the deceased 11 2m., from the causes and on the date stated above. DATE SIGNED Toward 4 Md

1900 Eutaw Place



1 1	REC	CERTIFICATE	\mathbf{OF}	DEATH

. T	11656 CERTIFICATI	E OF DEATH Reg. Dist.	. No			
fully of .	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN Fort Howard Length of STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESSTEPRAS Administration Hospital	STATE Maryland COUNTY CITY(If outside corporate limits, write RURAL at OR TOWN Baltimore STREET (If rural give ioostlon) ADDRESS 923 N. Calvert Street	nd give nearest town)			
m of infor death cles		(Last) 4, DATE (Month) (L	Oay) (Year) 19, 19 55			
y item s of de	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, WIDOWED, Single 12-1(OF BIRTH: 9. AGE last birthday FOUNDER 1 Y Months D. 52 yrs. Months D.	ays Hours Min.			
NG INK. Supply every please write the causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair Man 13. FATHER'S NAME: OR INDUSTRY: Bethlehem Steel Co		COUNTRY?			
upp e the	Ellis Kurland	Sara Schine				
K. S writ	15. WAR DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY NO. (Yes, no, or ank.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:				
N e	Yes of service) WW II Unknown	Clin.Rec.Vet.Adm.Hosp.,Ft.Howa	ard Md.			
DING	1/20.7					
₹ 5	IMMEDIATE CAUSE (A) ARTERTOSCI	FROTIC CORONARY THROMBOSTS RECENT				
JNF		LEROSIS, GENERALIZED	UNKNOWN			
VITH UNFAI Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)					
AINLY, Wi important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PNEUMONITIS, RIGHT LOWER LOBE DISEASE OR CONDITION CAUSING DEATH.					
LAI! y im						
VRITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)					
R WRI	M. at work at work					
E OI	22. I hereby certify that Vattended the deceased from Dec. 15, 1955, to Dec. 19, 19.55 that Clast raw the deceased					
ryP ect	alivexpiroxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
SE TYI	Francis G. Dickey, M.D., Chief, Medical Service D. VAH, FORT HOWARD, MARYLAND 12-20-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)					
Y.	DEMOVAL (ADECIEV)	Road Cemetery Baltimore, Maryl				
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS			
	REGISTRAR	Jack Lewis, Inc., 2100 Eutaw Pl	.ace,Balto.Md.			

MARGIN RESERVED FOR BINDING

VS. A15-10-53



carei information of ARGIN RESERVED FOR BINDING item Supply INK. UNFADING Physicians: WITH PLAINLY RITI M 63 $\overline{\Omega}$ EA

correct

The gibly.

fully.

and

clearly

eau

write

important,

pecially

3. NAME OF

Female

No

21. ACCIDENT

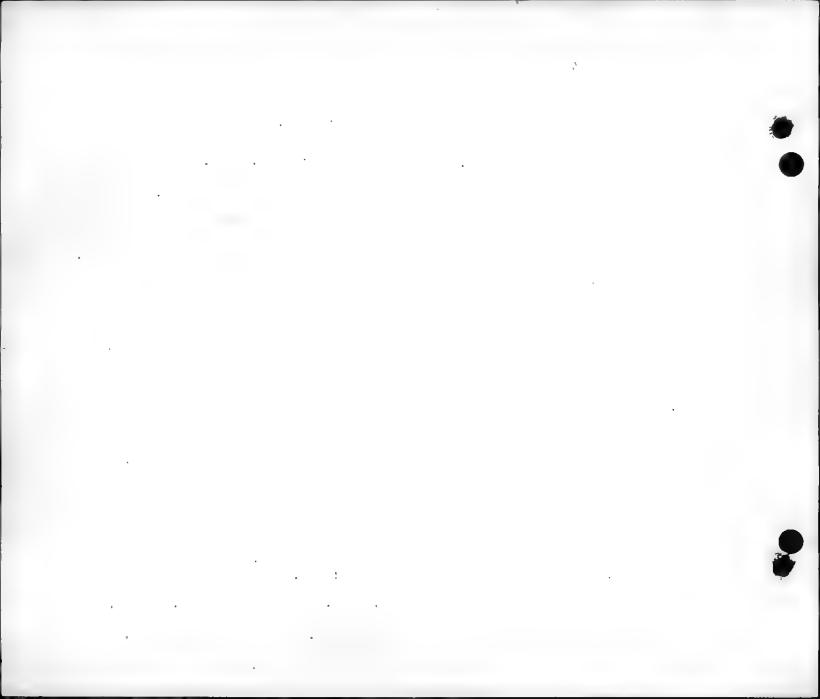
INJURY

SUICIDE

HOMICIDE

5. SEX:

DECEASED



6,5

the negistrar within T2 hours after leath. After this in by the funeral director, the third copy of this TE ANTICULAR PHYSICIAM OR HOLLITAL The law require that the death certificate be executed within TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the negistrar within T2 hou certificate has been executed by the attending physician and completely filled in by the funeral director death pertificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11658

11656 Reg. Dist. No.....

1. PLACE OF DEATH 7912 Rux	way Road	2. USUAL RESIDENC	E (HOME) OF DECEASE	D
county Buitimore	MARYLAND	STATE Maryla	and county Balt	i. ore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		e limits, write RURAL and give ne	
X or end give neerest town Riderwood Lary	(in this pieca)	TOWN Baltin	nore Maryland	FV4
HOSPITAL OR		STREET	(If rure) give location)
A Institution or Jorensen Ru		ADDRESS 225 NO	orth Luzerne	Avenue V
3. NAME OF (First) DECEASED TOTAL TITLE	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) war guerite	C Lie	ach	DEATH Decemb	er IO . 1955
5. SEX 6. COLOR OR 7. SINGLE.	MARRIED, 8. DATE OF	BIRTH 9.		R 1 YEAR IF UNDER 24 HRS.
female white Specify	single Decem	ber 8p1890	65 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even #	06. KIND OF BUSINESS 1 OR INDUSTRY	1. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
refired) _usician	nusic	Dalti :ore .	har lara	U.S.A.
13. FATHER'S NAME	mad 10	14. MOTHER'S MAIDEN NA	WE T A TENTION	0 1 10 11 11 1
John Leach		Joann		
			- 4	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detex of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD		
110	unknown	Mrs. Les	en beach	
T DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CERT	IFICATION	41	INTERVAL BETWEEN ONSET AND DEATH
443 XIMMEDIATE CAUSE (A)	Cerebral hemor	rhage acute		few hours
ANTECEDENT CAUSEIS DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)	Hypertension &	rterial		5 years
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Time and this at			_
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Myocarditis ch	ronic		5 years
TO THE DEATH BUT NOT RELATED TO THE DISLASE OR CONDITION CAUSING DEATH.	Hypertrophy my	rocardium.		5 y ars
	DINGS OF OPERATION			20. AUTOPSY?
none		operation		YES NO
218. ACCIDENT WAS UNDERLYING ☐ 216. PLAC OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY	(Home, farm, factory, 21- street, office bidg., atc.)	c. WHERE DID INJURY OCCUR?		unly) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			no injury	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour	21e. INJURY OCCURRED 2 While Not while	H. HOW DID INJURY OCCUR?		
no injury M.		3	10 injury	
22. I hereby certify that I attended the	deceased from II-	, 1955 , to IZ-	[0, 1955, that	l last saw the deceased
alive on In 6- , 1955	and that death occurred at.	10 . 20 M. from the car	ises and on the date stat	ed above
SIGNATURE		A ADDRE	ESS (Street, city, town, state)	DATE SIGNED
Harres Traham ?	marslow M.D. 51			1 711
ZII. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR C	REMATORY	Street Balti	y Ore (Siala)
V Burial 12-13-5	5 New Cathedr		Baltimore Md	
24. REC'D BY REGISTRAR REGISTRAR'S SIGN		25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE CO Maker	Grayes	B.Dabrowski	2818 E.Balti	wore St.
DATE // //Lebel	Juney 12			

Z .V UABRUA

DEC 14 1822
DECENALD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11660 CERTIFICATE OF DEATH

		Regi bisti ito
1. PLACE OF DEATH	2. USUAL RESIDENCE (HO	ME) OF DECEASED
COUNTY Baltmore MARYS	AND STATE Marland	COUNTY Baltimore
CITY (If outside corporate limits, write RURAL LENGTH C		write RURAL end give neerest town)
OR and give nearest town) (In this	plece) OR	refe
A SPOURS 139	B	X
00	street Address Cold	Botton Rd.
3. NAME OF (First) (Middle) (Type or Print) Edward Tacks		PATE (Monih) (Day) (Year) DEATH December 5 1955
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE IN 23 March 1892 6	st birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life even if or INDUSTRY refired)	: Bel-Lieners R	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Columbus O Domnell	Lee Hannah	Hone Tyson,
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SEC	504 - Columbus	O. Lee Ballinger Md
18. ME	DICAL CERTIFICATION	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 11/20 0	ONSET AND DEATH
33/X IMMEDIATE CAUSE (A)CEP .	Dral Varcular / tcc	ident 1 day
ANTECEDENT CAUSE(S) DUE TO	and Out = culture	Sereral
DISEASES OR CONDITIONS, IF ANY, (B) CAVED	rax jyrger 10 securist.	yeurs
STATING UNDERLYING CAUSE LAST. DUE TO		/
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY? YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fector OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., et (IF EITHER, NOTIFY MEDICAL EXAMINER)	ry, 21c. WHERE DID INJURY OCCUR? [City of	town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCC While No	URRED 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	Oct , 1953, 10 Dec	1950 that I last saw the deceased
alive on 5 Dela 19 5 and that death	occurred at 2.45PM, from the causes an	d on the date stated above
SIGNATURÉ		reel, clty fown, slete) / DATE SIGNED
Walter J. Kees	M.D. Cockey Si	rille hick 5 Dec 1900
23. BURIAL, CREMATION, DATE THEREOF NAME OF		ON (City, town, or county) (State)
REMOVAL (SPECIFY) Dec 7 1955 New	or Cathedral B	alto med
24. REC'D BY REGISTRAR REGISTEAR SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE bligabeth Con	web, HUVGENERS	Sunsto 4905 XORK
	XO O	Rd

TO FULL STRUCTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been assumed by the allending physician and completely filled in by the funeral director, the third copy of this death certificals assumely should be deflicted for use as a burief transit parmit.

ATTENDING PHYSICIAN OR HOSPITAL. The law requires that the death certificate be executed will bottom copy may be remined by the Bospital or attending physician.

NSTRUCTIONS

4 hours after death.





11661 CERTIFICATE OF DEATH

Reg. Dist. No.....

	•
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY
COUNTY Baltimore County MARYLAND	BIALL .
CITY (If outside corporate limits, write RURAL and OR give nearest town) Mills, Md. LENGTH OF STA (In this place) 49 Yrs.	TOWN Merryman's A.e. Waverly, Md.
HOSPITAL OR / STREET ADDRESS Rosewood St. Sraining School.	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Clarence	Legare DEATH 12 30 19 55
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last birthday If under 1 year II under 24 hrs. 1898 57 yrs. Hours Min.
10a. USHAL OCCUPATION (Give kind of work 10b. Kind of Business of	II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Baltimore City Country
13. FATHER'S NAME	I4. MOTHER'S MAIDEN NAME
Charles E. Legara	Martha M. Hare
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
NO service)	Rosewood records
IS. MEDICAL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATE
11314	l day
411X Immediate cause (a) Acute bronchitis	
Antecedent cause(s)	a dore
Diseases or conditions, if any, (b) Broncho-pneumon:	ia l day
giving rise to the above cause stating the underlying cause last Meningo-encenhe	litis with symptomatic epilepsy 2 yrs of
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	age
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
19a. DATE OF OPERATION 1996. BLAJOR FINDINGS OF OTELESTRON	Yes 🗆 No 🛣
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) HOWICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
	9/, 1955., to 12/30/, 19.55., that I last saw the deceased
SIGNATURE (Degree of title)	3:50a.m., from the causes and on the date stated above. ADDRESS Outings Mills. Maryland. 12/30/55
Idamy B. Butler m.D.	Owings Mills, Maryland. 12/30/55 TERY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL CREMATION DATE REPRESENT Specific TAIX 3 1956 UCFM MI	EDICAL SCHOOL 295 GREENESTAID
DATE REC'D BY LICAL RECESTRAR'S SIGNATURE	24. FUNERAL DIEKETOR ADDRESS
REA I J 1900 Mary cline o	JUMINOUP IXOUF LOMBARD ST



2 .V UM.

DEALER

DECEIVED Y. S. BUREAU Y. S.



Immediate cause Antecedent cause(s) Diseases or conditions, if any, stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fractured right hip

21a. EXTERNAL CAUSE WAS

PRIMARY or CONTRIBUTING CAUSE OF DEATH. NONE

21d. TIME (Month) (Day) (Year) (Hour)

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: Fractured right hip 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HOME

21c. (City or town) Lost balance and fell.

(County) (State) 117 Chatsworth Ave. Rejsterstown, Md

7 mos

20. AUTOPSY?

Yes 🔲 No 🗔

DATE SIGNED

Not while injury May6. 1955 work | 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes \(\begin{align*} \begin{align*} Accident □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE

21e. INJURY OCCURRED

While at

23, BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) : Burial

NAME OF CEMETERY OR CREMATORY

Carrol 24. FUNERAL DIRECTOR ADDRESS

LOCATION (City, town, or county)

Dec 10 1055 Leisters DATE REC'D BY LOCAL

J.F. Eline & Sons. Reisterstown,

ASSISTANT MEDICAL EXAM.

WRITI ge is

correct

carefully. The and legibly.

information death clearly

of

every

Supply every

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UNFADING Physicians: p

E PLAINLY, WITH especially important.

MARGIN

COUNTY

3. NAME OF

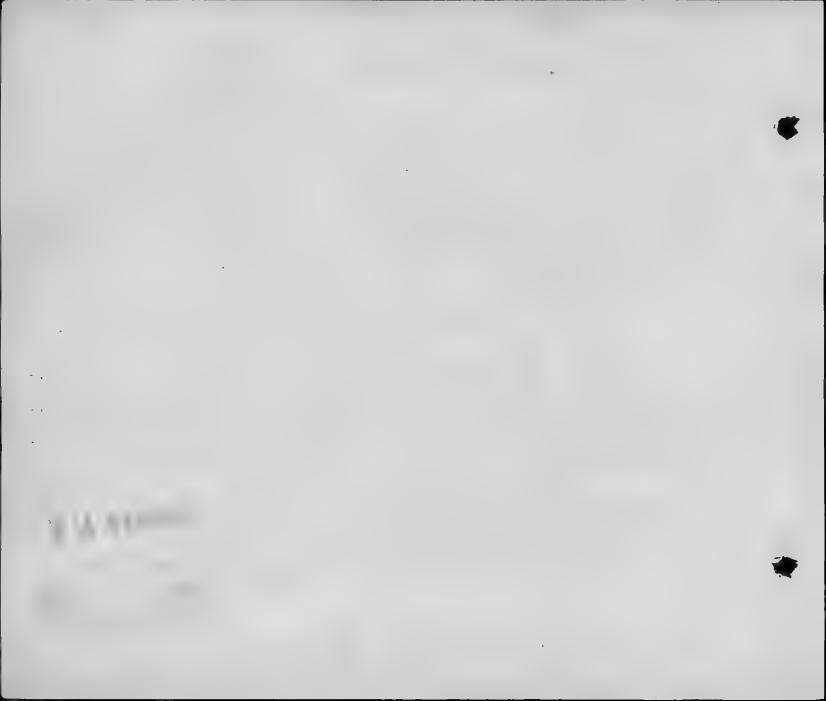
5. SEX:

Male

no

May,

DECEASED



24 hours after death.

,11

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death Certificate be executed within The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. A set this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11662

CERTIFICATE OF DEATH 11665

Reg. Dist. No. 33

" I EACT OF DEATH		2. USUAL RESIDENCE	(HOME) OF DEC	EASED			
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Baltimore			
CITY (If outside corporate limits, write RURAL LENGTH OF STA		CITY (If outside corporale lis	mits, write RURAL and	give nearest town)			
Town Riderwood	4 months	OR TOWN Our 4 70 (**	s Wills				
HOSPITAL OR		STREET	(If rurel give I	E-Ni-A			
" STREET ADDRESS SOPSENSON Nurs	ing Home	ADDRESS	(ii raigi give i	beanony			
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4	DATE (Month)	(Dey) (Yeer)			
(Type or Print) Laura Eles	inor Long		DEATH De	c.25,1955			
5. SEX 6. COLOR OR 7. SINGLE, M.	ARRIED, 8. DATE O	F BIRTH 9. A		IF UNDER 1 YEAR IF UNDER 24 HR			
Female White Specify)	lidowed Jan.	18,1883	72 yr. "	Aonths Deys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (Stete or foreign cou	unity)	1 12. CITIZEN OF WHAT			
done during most of working life, even If	OR INDUSTRY	Baltimore Cour		COUNTRY?			
retired) Housewife		14. MOTHER'S MAIDEN NAME	-	0.0.			
Nathan Hanson		Laura V.J.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detec of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRE	LI J. A				
(N 105, give wer of deles of service)		C. Albert J.Lo.	n Owing	s Mills .Md.			
A DISCUSSION CONDITIONS DIRECTLY (CADING TO DE	18. MEDICAL CER	TIFICATION	<u> </u>	INTERVAL BETWEEN			
1" DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	MA			ONSET AND DEATH			
/ IMMEDIATE CAUSE (A)	Fullonary e	er bolism		o deira			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	<u> Jocarditi</u>	s chronic		5 76 rs			
STATING UNDERLYING CAUSE LAST. DUE TO	TT						
(C)	Eypertrorn	myocardium		5 vears			
TO THE DEATH BUT NOT RELATED TO THE	wtowis		2 5				
DISEASE OR CONDITION CAUSING DEATH.		erosis general	ized	IO years			
196. DATE OF OPERATION 196. MAJOR FINDIN				20. AUTOPSY?			
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (no (pperation		YES NO T			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stre	dome, farm, fectory, 2 et, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (C		(County) (Stete)			
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED 1	no injury					
nono	While Not while	H. HOW DID INJURY OCCUR?					
JPG 1	et work et work	no injur	87				
22. I hereby certify that I attended the de-	eceased from Alle	i., 19.55., to Jec 4.	5 19 55	that I last saw the deceaser			
alive on 15.75.9, 19.55,	and that death occurred at.		s and on the dat	e stated phove			
SIGNATURE			(Street, city, town, s				
Samus Iraham ma	noton, m.D.M.D.	ETA J	athedral				
23. BURIAL, CREMATION. DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOC	CATION (City, Iown, c	or county) (State)			
REMOVAL (SPECIFY)		D.	CATONICity, lown, o	County			
Burial Dec. 29 1955 Jessons 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
CC - D	5	25. FUNERAL DIRECTOR'S SIGNA		ADDRESS			
DATE 12 - 26 - 21 Mary 1-	o. citue	o.r.Eline &	sons, Reis	sterstown, Ld.			

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11663

11686 CERTIFICATE OF DEATH

Reg. Dist. No. 44

I TENGE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF D	ECEASED			
county Baltimore	MARYLAND	STATE Marylan	STATE Maryland COUNTY				
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	nd give neerest town)				
X OR and give neerest town) Fort Howard	(in this place) 5 Days	TOWN Baltimo		> 1			
HOSPITAL OR	1 5 Days	STREET		21.			
INSTITUTION OR		ADDRECC	(If rure) giv	re tocetion)			
STREET ADDRESS Veterans Admini	stration Hospital	5136 Be	elair Road				
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mon	th) (Dey) (Year)			
(Type or Print) HENRY	J. LUR	Z, SR.	OF DEATH TO	cember 20 19 5			
			9. AGE lest birthday				
RACE WIDOW	ED. DIVORCED.		7. AGE lesi birrndey	Months Deys Hours			
Male White (Specify)	Married 2-25	Z-93	62 yrs.	Months Deys Hours			
10e. USUAL OCCUPATION (Give kind of work 10	Db. KIND OF BUSINESS	11. BIRTHPLACE (State or fore	gn country)	12, CITIZEN OF WHAT			
done during most of working life, even H retired) Postal Clerk	Government	Dallimann W.	73	COUNTRY?			
13. FATHER'S NAME	government	Baltimore, Man		U.S.A.			
Francis Lurz		Wilhelmina N	N: Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &					
(Yes, no, or mk.) (Yes, give war or detes of service)	Unknown	Clin Pos V	Forth A also TT - are-	TAL TIA MA			
TCD NW T	18. MEDICAL CER	OTTU-rec.	et Adm. Hosp	Ft Howard Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO !	DEATH IS. MEDICAL CER	TIFICATION		INTERVAL BETWEE			
IMMEDIATE CAUSE (A)	BSTRUCTION OF COL	ON					
TI TI	NDETERMINED CAUSE			70 2470			
ANTECEDENT CAUSE(S)	Where with any owner			10 DAYS			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING M	WOO ADDTAT TARRADOM	7001					
				3 DAYS			
	YPERTENSIVE CARDI	OVASCULAR_DISA	CASE	UNKNOWN			
	DINGS OF OPERATION			20. AUTOPSY?			
12-16-55 Colostom	y - transverse			YES NO			
OR CONTRIBUTION CO	(Home, ferm, fectory, street, office bldg., etc.)	16. WHERE DID INJURY OCCU	R? (City or town)	(County) (\$tete)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCU	R?				
M.	While Not while at work						
22. I hereby certify that aftended the	deserved from Dog 35	MEE A Doc	20 10 11				
TY I HELEDA CALCILA MISINI SHOUGED ME	deceased from Tierca	, 17,33, 10,,.10,60	i-aγ! ,γ.				
28 AS ALLEGE CO.		たはなど、M, from the c	auses and on the d				
SIGNATURE goode M. mis			RESS (Street, city, tow				
JOSEPH M. MILLER M.D. Chie	f Surgical Shevic	e VAH FORT	HOMARD, MAR	YT.AND 12-21-55			
JOSEPH M. MTILER M.D. Chie; 23. BURIAL, CRÉMATION, REMOVAL (SPECIFY) DATE THEREOF			LOCATION (City, low)	n, or county) (Stet			
Burial /2-23-3	5 Baltimore N	ational	Baltimore,	Maryland			
24. REC'D BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			
DATE	n L. Farberg	I.t. Ganla Day	± T (000	M F-G t-G t			
DAIL OUTCOM	M. C.	Iwm Jook-Bligh	T. Inc. 0009	Harford Rd Bal			

S .V UAT?

DEC 88 1822



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

CERTIFICATE

Reg. Dist. No. FilmG190 I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside carporate limits, write RURAL and give nearest town) and give pearest town) OR (in this place) TOWN Lucanely TOWN and HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS early 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day (Year) DECEASED: ਚ (Type or Print) nno DEATH: 19 5.5 death 5. SEX: COLOR OR 8. DATE OF BIRTH: 7. SINGLE, MARRIED. 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. RACE: / WIDOWED, DIVORCE (Specify): 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR IND STRY 12. CITIZEN OF WHAT of 11. BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life/ even if retired): causes IS. FATHER'S NAME: 14. MOTHER'S MAIDEN ma 15 WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY No.: 17. INFORMANT (Yes, no, or unk.) (If Yes, give war or dayes of write service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO; DEATH Onset And Death please 433.0 Immediate cause (a) ... DUE TO Physicians: Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last, 5 mond (e) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes | No | ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) OF HOMICIDE TIME (Month) especially (Day) (Year) (Hour) INJURY OCCURED **HOW DID INJURY OCCUR?** While at Not While INJURY Work [At Work | 22. I hereby certify that I attended the deceased from January 1964 ... 19 Ju., that I last saw the deceased .., to alive on & from the causes and on the date stated above. .., and that death_occurred at 0 DATE SIGNED ADDRESS 90 LOCATION (City, town or county) REGISTRAR'S DATE REC'D BY LOCAL

carefully.

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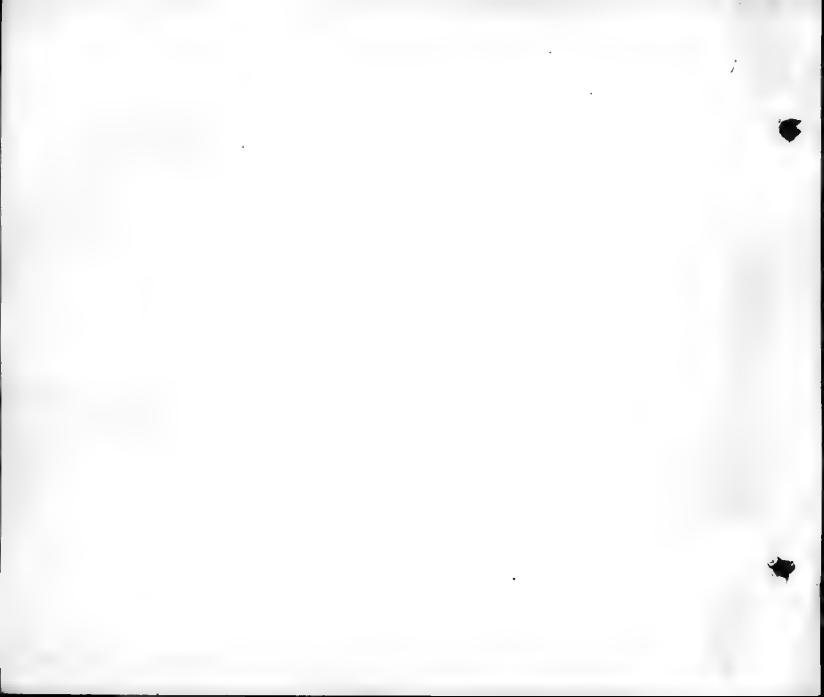
国 **2**2 PLEA

REGISTRAR

FOR Supply

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MARGIN RESERV



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within T2 hours aller death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

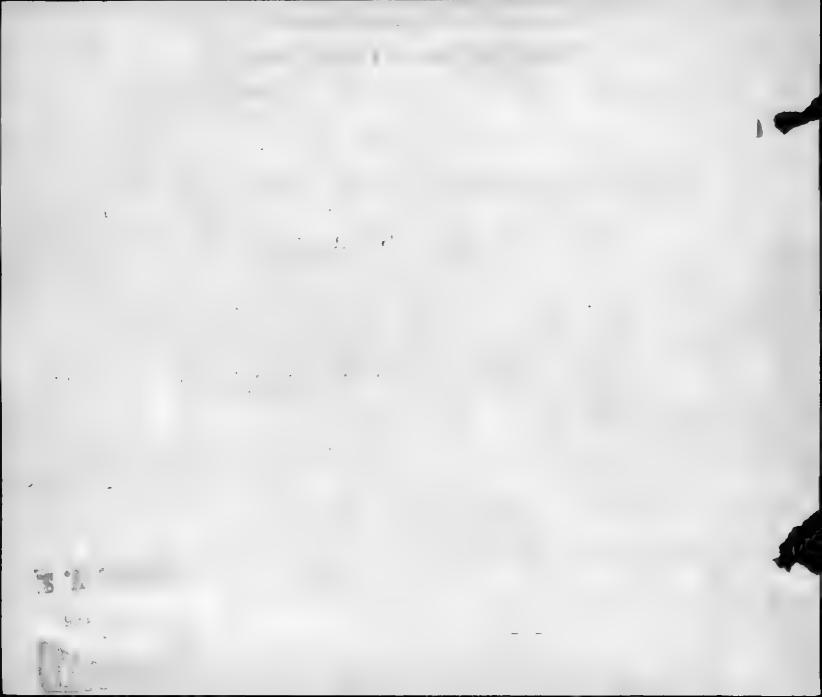
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11668 CERTIFICATE OF DEATH

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М			į	30

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTIMORE MARYLAND	STATE MA COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corporate limits, writa RURAL and give neerest town)
50 TOWN CATONSVILLE 5 munth	TOWN BAITIMORE EVALUE
HOSPITAL OR	STREET (II rural give location)
INSTITUTION OR STRING OF BOVE	ADDRESS 212 LIDDREN FILL
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) MERV MAC	NESS DEATH 12/9/1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE 5	
RACE WIDOWED, DIVORCED, (Specify)	7 h / 1977 78 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dons during most of working life, evan if or INDUSTRY retired)	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAMS WILLINGHAM	SARAH FOWLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
-(Yas, no, or unk.) (If Yas, give war or datas of sarvica)	HOSPITAL RECORDS
I DISEASES, OR CONDITIONS DIRECTLY LEADING TO DEATH	
1	n militaria e antinua di mana mataba
	hypertension years
DISEASES OR CONDITIONS, IF ANY, (B)	Man cods tou
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(c) Senility II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
*/	YES NO 🔀
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, larm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Itc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURED While Not while at work at work	211. HOW DID INJURY OCCUR?
	1 , 19 5 5, to 12 9 , 19 5 5, that I last saw the deceased
alive on 19 5 , and that death occurred at	from the causes and on the date stated above.
SIGNATURE	ADDRESS (Streat, city, town, stata) DATE SIGNED
Stella Wachsler M.D. S	pring srove St. Horp. 12/9/19
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stata)
BURIAL 12-12-1955, PARKWOOD	BALTIMORE, MD.
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 3 6. Jany	Variable tuned themen 74m All De



MARYLAND STATE DEPARTMENT OF HEALTH

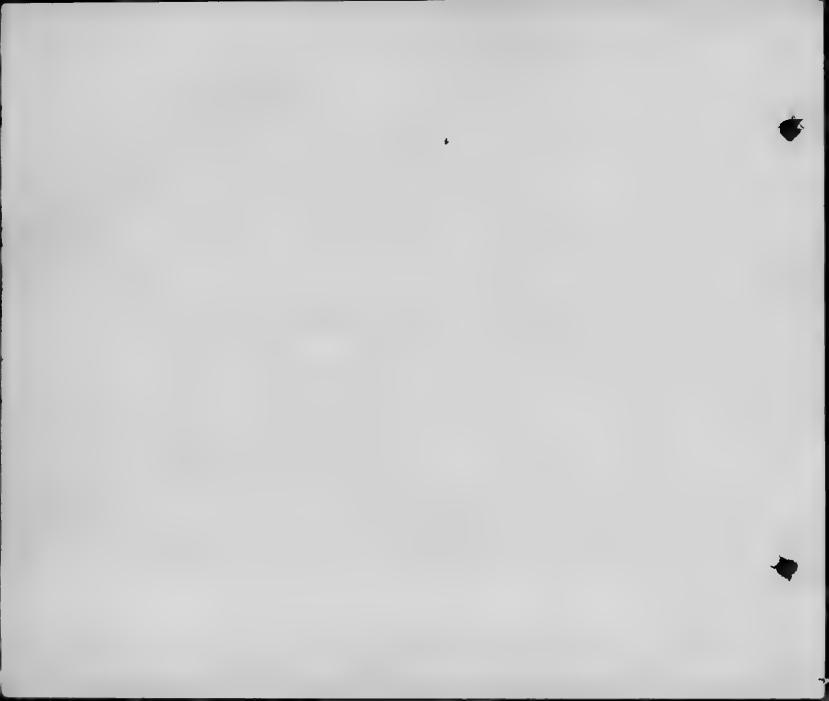
11669 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

11666

1. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED
Daltimore	Warrland County Delticone
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town) Parkville (in this place)	CITY (If outside corporate limits, write RURAL and give negreet town)
	Town Parkville
HOSPITAL OR JOHN AMARIA	STREET (If rural, give location)
STREET ADDRESS 2900 henoak Avenue	ADDRESS 2900 Chennak Av nue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Mr. Charles Thomas Mars	h OF
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 by
male white WIDOWED, DIVORCED, (Specify) Married	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Vivin on Business of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	THE OF THE A
13. FATHER'S NAME	Baltimore, Mar and Country? USA
Charles Marsh	Emma
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No (Yes. no, or unknown) (If yee, give war or dates of	17. INFORMANT AND ADDRESS
service)	Mrs. Helen Moores Jarsh, 2900 Chenoak Ave.
18. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
14	ONSET AND DEATH
Immediate cause (a) - 10 - 2	Je Miller De or - Letter
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above rause etating the underlying cause last	
(6)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20 AUTODOV2
194. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS 1 PLACE (Home form foctors street	Yes 🗋 No 🖯
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Vos Cl. No Fd
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street of DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes 🗋 No 🖯
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while now ork at work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I certifu that I took charge of the remains described where held an	HOW DID INJURY OCCUR?
21. ENTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not while INJURY 22. I certify that I took charge of the remains described above, held an obtained by said Autonsy. Inspection or Inquiry, find that said day	HOW DID INJURY OCCUR? Autopsy Inspection Inquiry thereon and from the evidence
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while now work at work 22. I certiful that I took charge of the remains described whose held an	HOW DID INJURY OCCUR? Autopsy Inspection - Inquiry thereon and from the evidence cased died on the dry stated above, and death in my opinion resulted undetermined -
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PLACE (Home, farm, factory, street office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED office bldg., etc.) Not while at Not while work at work 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes accident , suicide , homicide	HOW DID INJURY OCCUR? Autopsy Inspection Anguiry thereon and from the evidence reased died on the day stated above, and death in my opinion resulted undetermined.
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while at work 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes accident , suicide , homicide SIGNATURE (Degree of the)	Autopsy Inspection Inquiry thereon and from the evidence coased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED
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21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at work at work at work at work at work. 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes accident, suicide, homicide SIGNATURE OFTIME (NATION DATE THEREOF NAME OF CEMET DATE RECORD BY LOCAL REGISTRARS/SIGNATURE)	Autopsy Inspection Inquiry thereon and from the evidence coased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS ERY OR CREMATORY LOCATION (Cry, town, or county) Baltimore, Maryland 24, FUNERAL DIRECTOR ADDRESS
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspertion or Inquiry, find that said defrom: natural causes accident suicide, homicide SIGNATURE OCTAL CR MATION DATE THEREOF NAME OF CEMET BUTLAL Sperity Dec. 19k 1955 Parkwood Co	HOW DID INJURY OCCUR? Autopsy Inspection Inquiry thereon and from the evidence cased died on the day stated above, and death in my opinion resulted ADDRESS DATE SIGNED ERY OR CREMATORY LOCATION (CRY, town, or county) Baltimore, Maryland

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Reg. Dist. No.

1tem 2, Fill G190 12-27-55 e	L			
1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASE land	D. COUNTY
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN Lutherville		CITY (If outside corpor OR TOWN	ladetistrilal	L and give nearest town)
HOSPITAL OR	nor Nursing Home	STREET ADDRESS Prior to 9-11-0	(If rural, give lo	ration)
3. NAME OF (First) DECEASED (Type or Print) Mattie	(Middle)	(Last) Martenet	4. DATE (Mo	ontb) (Day) (Year) C. 16 1955
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWEG	June 18, 1859	96 vm.	If under I year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	Baltimore Co.,	wd.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry La		14. MOTHER'S MAIDEN Elizabeth West		
16. Was DECEASED EVER IN U.S. ARMED FORCES (Yes. no, or unknown) (If yes, give war or dates of service)		Nrs. George Elj	7 3411 Oakens	hawe Place
1	IA. MEDICAL CE	RTIFICATION		1_
1. DISEASES OR CONDITIONS DIRECTLY 1. Immediate cause (a)	Burge stonic	TEarl F	reluse	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s)	jupcardete s		4 44 50 - 40 - 50 - 50 - 50 - 50 - 50 -	Grahual
Diseases or conditions, if any, (b)	Hyller Sol	row	9009000 MO-MANUSCRIPT AREAS AREAS ARE	V
(e) /	to gracelle	1		1 2
U. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat		elvypelomul	7	10
19a. DATE OF OPERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
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21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR		OUNTY) (STATE)
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22. I certify that I took charge of the rema obtained by said Autopsy, Inspection o from: natural causes , accident SIGNATURE 23. AUSTAL, CREMATION DATE THERE SECTION (Specify) 20.4104 (december 19.4104)	r Inquiry, find that said deceded, suicide □, homicide □, (Degree or title) OF NAME OF CEMETE:	ased died on the dry state undetermined []. ADDRESS Stark Art RY OR CREMATORY 1	Delluisel.	in my opinion resulted DATE SIGNED 12/18/55
DATE REC'D BY LOCAL REGISTRAR'S	Loudon Park	24. FUNERAL DIRECTO	Baltimore, Mo	ADDRESS
Muse to	ed. Mackey	The state of the s	0 4) (000 1 0 3)	, Justin Line!



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the registrar within 72 hours after death. in by the funeral director, the third dep

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11671

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	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTO, CO MARYLAND	STATE ML COUNTY BALTO
CITY (It touside corporate limits, write RURAL OR and drive nearest town) TOWN (In this place)	CITY (If out de corporeta fimits, write RÜRAL and give nearest town) OR TOWN ATONSUILLE
HOSPITAL OR STREET ADDRESS 203 N. ROLLING RE	ADDRESS 203 N. ROLLING PL
3. NAME OF (First) (Middle) DECEASED RACHEL BERTHA MAS	(Last) 4. DATE (Month) (Day) (Year) (SEF DEATH /2/9/5)
5. SEX 6. COLOR OR 7. SHRCEE, MARRIED, B. DATE O HOLORGED, TSPECIFY MARRIED AU	F BIRTH 9. AGE last birthday 15 UNDER 1 YEAR 16 UNDER 24 HRS Wonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
Nm. H. AMOSS	14. MOTHER'S MAIDEN NAME AMOSS
15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	Thomas N. Massey
i diseases or conditions directly leading to death 331 X MMEDICAL CER (A) LUCCARDIAL CER	-Renal failure 72 kms
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STATING UNDERLYING CAUSE LAST. DUE TO APTENEOS CLES	osis generalized 7-8 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Tie. WHERE DID INJURY OCCUR? (City or town) (County) (State)
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	19.48., to 12-9, 19.5.5., that I last saw the deceased
alive on 12 - 8, 19.5.2, and that death occurred at.	A.M., from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED
Rophen Ra Magnes : M.O.	CREMATORY LOCATION (City, Jown, or county) (Siets)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR MT UIEN	HOWARL CO ML
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS

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Reg. Dist. No.....

£ 5 €	1. PLACE OF DEATH The	2. USUAL RESIDENCE (HOME) OF DECEASED
10 mg	COUNTY MARVAANO MARYLAND	STATE MARYLAND COUNTY
	CITY (If outside corporete limits, write RURAL . // LENGTH OF STAY	CITY (If outside comparete limits, write RURAL and give pearent town)
72 hou director,	57 OR and give neerest town). Catoriolle (in this place) 57 JOWN BALTIMORY 2 HONTAS	TOWN BALTINORE
한 연충	MOSPITAL DE	STREET (If rure) give location)
2 11	INSTITUTION OR PARdis e NURSING HONE.	
execu within funeral		ADDRESS 1815 WEST BALTINORE
9 }⊒		(Lest) 4. DATE (Month) (Dey) (Yeer)
\$ 15 E	(Type or Print) ALMA MARIE MAL	LISTER DEATH Dec. 3 1955 FBIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
fe Gir	S. SEX 6 COLOR OR 7, SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest burthday IF UNDER 1 YEAR IF UNDER 24 HRS.
E	FEMALE White (Specify) Sivale MARCI	12, 187 64 yrs. Months Days Hours Min.
8) . ==	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
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e deal	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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that if cian. e be fit mplete transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ANNA ELIZABETH ScheverMANN
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는 Signer Signer	DISEASES OR CONDITIONS, IF ANY, (B) WITH GLYEN	alized metantisis Aygigas
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Se ta page	(C)	
Series Park	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
5 to 2 to 2	DISEASE OR CONDITION CAUSING DEATH.	
5 th 2	196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
⊙ වී මු වූ වී	21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, form, fectory, 2	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
Z in E S in	21e. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, form, fectory, OR CONTRIBUTING ☐ CAUSE OF BEATH OF INJURY street, office bldg., etc.) [1] IF EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
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E C D ess	22. I hereby certify that I attended the deceased from	10 55 1. Dec 3 10 5 5 1. 11 1.
	alive on	Inat I last saw the deceased
N S L S L	alive onand that death occurred at	ABDRESS (Street, div. town, stete) APATE RIGNED
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Ser		CREMATORY LOCATION (City, town, or county) (State)
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0 0	Bund Dec. 6-1955 Wester N 24. REC'D BY REGISTRAR REGISTRAR STEINANDERE	
5 5 8	11500	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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	1333	35/27 redenak (Jr. (29)
	.000	35 / L Tremench GAP. (29)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11673

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8	CERTIFICATE OF DEATH Reg. Dis	1. No.	
E L	1. PLACE OF DEATH- Balline MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	UNTYBOOK	
INK. Supply every item of information carefully. please write the causes of death clearly and legibly.	CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Prince la 3 in this place) TOWN OR Prince limits, write RURAL and LENGTH OF STAY OR TOWN OR TOWN OR TOWN	nd give nearest town)	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location and the street address me Henry av.	m) /	
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month DECEASED (Type or Print) ThereSA Mary J. McCormick DEATH Rec		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If	under I year If under 24 hrs. onths Days Hours Min.	
	10a. USIJAL OCCUPATION (Give kind of work description) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY Construction (State or foreign country) Baltimore, Recommendation of the construction of the co	COUNTRY'N SQ.	
	Lawrence J. Mu Cornick Deila Johnston		
	15. Was Deceased Ever In V.S. Armed Forces? 16. Social Security No. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of 212-07-0662 med. Security Service)	4	
	18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	Immediate cause (a) C. A. c right hemiplegia	4 days	
IG IN	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	A * • • • • • • • • • • • • • • • • • •	
WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	stating the underlying cause last (c) Seneralized arterioactivosis		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No	
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bildg., etc.) (CITY OR TOWN) (COURT INJURY)	NTY) (STATE)	
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work		
	22. I hereby certify that I attended the deceased from March, 1956, to 31 20c, 1956, that I last saw the deceased		
	alive on 1955, and that death occurred at 7.30 m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED		
	Charles H. Williams, M.P. (Resulte 8 23. EURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 20Wn, or	county) (State)	
PLEASE	DATE REC'D BY LOCAL A REGISTRAR'S SIGNATURE 1 24. FUNERAL DIRECTOR DEVILOR	ADDRESS	
Ы	HEG. AN. 2, 1950 Wordy a newel strank of lewell	Mikesrille.	

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CERTIFICATE OF DEATH

Elkridge, Md.

ADDRESS

Reg. Dist. No. legibly. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Reltimore MARYLAND STATEM arvland COUNTY Paltimore CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN TOWN Maryland 1121 davs Wilson HOSPITAL OR clearly STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS Mt. Wilson State Hospital Foreston Road ----(Middle) (Last) 3. NAME OF 4. DATE (Month) (Day) (Year) DECEASED: McCurley James Webb DEATH: (Type or Print) 19 6. COLOR OR 17 SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS RACE: WIDOWED, DIVORCED, Hours (Specify) Widowed угв. IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired Salesman COUNTRY? Insurance Baltimore. Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Isaac McCurley Hannah Ann Stran Upperco. Md. 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCEST SE SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Mr. J. Webb McCurley, Jr. Foreston Rd. of scrvice) ease 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 益 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Far Advanced Pulmonary Tuberculosis Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Several TO THE DEATH BUT NOT RELATED TO THE Arteriosclerosis. Genera] DISEASE OR CONDITION CAUSING DEATH. vears 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES A NO T especially 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory.) 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) INJURY OCCUR? (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work .07 22. I hereby certify that I attended the deceased from 11/19., 1952, to 12/15., 1955 that I last saw the deceased alive on 12/15/55 19., and that death occurred at 10p M, from the causes and on the date stated above. correct ADDRESS DATE SIGNED 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY)

Meadowridge Mem.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11673

Reg. Dist. No.....

11675

CERTIFICATE OF DEATH

I. PLACE OF DEATH			1	2. USUAL F	ESIDENCI	(HOME) OF	DECEASE	D		
county Balti	nore	MARYLA	IND	STATE N.	aryland	d county	Ra7	tino	e Ci	too
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LIGGERIAL CO.	ring Grove Stat			STREET	Therm Car		rive focation)	-	Y . 1.	in Gam
	ltimore 28. Mar			ADDRESS	Unknot	tro.				,
3. NAME OF	(First)	(Widgle)		(Lest)	Ulliator	4. DATE (M	onth)	(Day)	(Year	1
DECEASED (Type or Print)	a dela annotan a		Wa Can			OF		,5	,	1
5. SEX 6. COLO	atherine OR OR 7. SINGLE MARE	RIED.	McGre		0	AGE lest birthday	12-5-5	1 YEAR	19 TIF UNDER	24 HPS
Female Whit		ngle		27-08		147 yrs	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (G		ND OF BUSINESS R INDUSTRY	1	I. BIRTHPLACE (SI	ata or foreign (country)	12	COUN	N OF WHA	NT .
retired) Unkno		-		Marylan	đ ·			U.S.		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
Wm. McGreet	v.v.			Eva	Rample					
15. WAS DECEASED EVER IN		6. SOCIAL SECU	RITY NO.	17. INFOR	MANT & ADD	RESS _ Balt	mere.	25.	Mary	and
(Yes, no, or unk.) (If Yes, gi	ive war or dates of service)	-				e Hespita			. 571	
T DISEASES OF CONDITIONS	S DIRECTLY LEADING TO DEATH	18. MED	ICAL CERT	FICATION				INTE	RVAL BETW	EEN
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ANTECEDENT CA					•	eause				
DISEASES OR CONDITIONS,	IF ANY, (B)				-	eaus•				
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU	IF ANY, (B) VE CAUSE USE LAST, DUE TO (C)				(eaus•				
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONE	IF ANY, (B) VE CAUSE DUE TO OCTIONS CONTRIBUTING					eaus•				
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU TO OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION C.	IF ANY, (B) /E CAUSE DUE TO USE LAST. (C) ORTHONS CONTRIBUTING ELATED TO THE AUSING DEATH.					eaus•				
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU TI OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT RI	IF ANY, (B) /E CAUSE DUE TO USE LAST. (C) ORTHONS CONTRIBUTING ELATED TO THE	OF OPERATION		1	(eaus		20 YES	. AUTOPS	-
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RIDISEASE OR CONDITION C. 19a. DATE OP OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	IF ANY, (B) VE CAUSE JSE LAST. DUE TO (C) OHTIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING 21b. PLACE (Hon OF DEATH OF INJURY sireet.	na, farm, factory,	, 21	c. WHERE DID INJU			(Cour	YEŞ		-
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT REDISEASE OR CONDITION CO. 199. DATE OP OPERATION 219. ACCIDENT WAS UNDER	F ANY, (B) VE CAUSE JSE LASY. DUE TO (C) ORITIONS CONTRIBUTING ELATED TO THE AUSING DEATH 19b. MAJOR FINDINGS RLYING DEATH OF INJURY sireet, XAMINER) The contribution of the c	na, farm, factory, office bldg., etc.) INJURY OCCUR	RRED 2	c. WHERE DID INJU	JRY OCCUR?		(Cour	YEŞ	☐ NO	-
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION C. 19a. DATE OP OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.) 21d. TIME OF INJURY (Montries)	IF ANY, (B) VE CAUSE JSE LASY. DUE TO (C) ORITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING DEATH OF INJURY sireet, XAMINER) This is a sirver of the contribution of the	na, farm, factory, office bidg., etc.) INJURY OCCUR illa Not a	RRED 2 while ork	16, HOW DID INJU	IRY OCCUR?	(City or town)		YES	(Steta)	X _
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT RI DISEASE OR CONDITION C. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Montal Cause)	IF ANY, (B) VE CAUSE USE LAST. DUE TO (C) DITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING 1 21b. PLACE (Hon OF DEATH OF INJURY street, XAMINER) VERY STREET, Wh. 4 that 1 attended the dece	na, farm, factory, office bidg., etc.) INJURY OCCUR Not work at we wassed from	RRED 2 while ork	14, HOW DID INJU	URY OCCUR?	(City or town)	, that I	YES	(Steta)	X _
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION CONTRIBUTION CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21a. TIME OF INJURY (Monitory Cause) 22a. I hereby certify alive on Contributions	IF ANY, (B) VE CAUSE USE LAST. DUE TO (C) ONTIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING 21b. PLACE (Hon OF DEATH OF INJURY street, XAMINER) Wh. 21a Wh. 31 v. 31 v. 32 v. 33 v. 34	na, farm, factory, office bidg., etc.) INJURY OCCUR Not work at we wassed from	RRED 2 while ork	14, HOW DID INJU	IRY OCCUR?	(City or lown)	, that I	last saved above	(Steta)	eased
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT RI DISEASE OR CONDITION C. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Montal Cause)	IF ANY, (B) VE CAUSE USE LAST. DUE TO (C) DITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING 1 21b. PLACE (Hon OF DEATH OF INJURY street, XAMINER) VERY STREET, Wh. 4 that 1 attended the dece	na, farm, factory, office bidg., etc.) INJURY OCCUR Not work at we wassed from	RRED 2 while ork	16, HOW DID INJU	IRY OCCUR? IRY OCCUR? Io	(City or town)	, that I date state	last saved above	(Steta)	eased
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION CONDITION CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMPLE) 21a. TIME OF INJURY (Monitory Contribution C	IF ANY, (B) VE CAUSE USE LAST, DUE TO (C) DITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING [] 21b. PLACE (Hon OF INJURY street, XAMINER! Ith) (Day) (Year) (Hour) 21a Wh A. 19 5	na, farm, factory, office bidg., etc.) NURY OCCUR ila Not work at we wassed from	exercise 2 control of the control of	19	IRY OCCUR? IRY OCCUR? Io	(City or lown)	date state wn, state)	last saved above	V the dec	eased SNED
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION CONTRIBUTION CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21a. TIME OF INJURY (Monitory Cause) 22a. I hereby certify alive on Contributions	IF ANY, (B) VE CAUSE USE LAST. DUE TO (C) DITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING 1 21b. PLACE (Hon OF DEATH OF INJURY street, XAMINER) VERY STREET, Wh. 4 that 1 attended the dece	na, farm, factory, office bidg., etc.) NURY OCCUR ila Not work at we wassed from	RRED 2 while ork	19	IRY OCCUR? IRY OCCUR? Io	(City or town)	date state wn, state)	last saved above	V the dec	eased
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RIDISEASE OR CONDITION C. 19a. DATE OP OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Monitory Control of Cont	IF ANY, (B) VE CAUSE JSE LAST. DUE TO (C) ONTIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING [] 21b. PLACE (Hono OF DEATH OF INJURY street, Wh. Wh. Ith That I attended the dece	na, farm, factory, office bidg., etc.) NULRY OCCUR ills Noti at we have a seed from	exercise 2 control of the control of	16. HOW DID INJU	IRY OCCUR? IRY OCCUR? Ion the caus ADDRES Lrove	(Cily or lown)	date state own, state)	last saved above	V the dec	eased SNED
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT RI DISEASE OR CONDITION C. 19a. DATE OP OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Montal E) 22. I hereby certify alive on 2 3. BURIAL, CREMATION REMOVAL (SPECIFY)	IF ANY, (B) VE CAUSE USE LAST, DUE TO (C) DITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING [] 21b. PLACE (Hon OF INJURY street, XAMINER! Ith) (Day) (Year) (Hour) 21a Wh A. 19 5	na, farm, factory, office bidg., etc.) NULRY OCCUR ills Noti at we have a seed from	exercise 2 control of the control of	19	IRY OCCUR? IRY OCCUR? Ion the caus ADDRES Lrove	(Cily or lown)	date state own, state)	last saved above	V the dec	eased SNED
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU II OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RIDISEASE OR CONDITION C. 19a. DATE OP OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Monitory Control of Control o	RE ANY, (B) WE CAUSE JSE LAST, DUE TO (C) OITIONS CONTRIBUTING ELATED TO THE AUSING DEATH. 19b. MAJOR FINDINGS RLYING [] 21b. PLACE (Hon OF INJURY street, XAMINER; Ith) (Day) (Year) (Hour) 21a Wh A. 1 That I attended the dece	na, farm, factory, office bidg., etc.) NULRY OCCUR ills Noti at we have a seed from	exercise 2 control of the control of	16. HOW DID INJU	IRY OCCUR? IRY OCCUR? Ion the caus ADDRES Lrove	(Cily or lown)	date state own, state)	last saved above	V the dec	eased SNED

BUREAU V. R.

DEC 12 1955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

11676

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Baltimore MARYLAND	Maryland
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rodgers Forge (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ROGERS FORSE
HOSPITAL OR INSTITUTION OR 218 Dunkirk Road - 12	STREET (If rural, give location) ADDRESS 218 Dunkirk Road - 12
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JAMES HOWARD M	EISER OF DEATH December 5, 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify) Malfied	S. DATE OF BIRTH 9. AGE last hirthday If under year Hours Min. 75 vm. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
painter retired	Baltimore, Maryland CONSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Meiser	Anna Kramer
16. Was Decraved Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 10. Security No. (Yes, no, or unknown) (If yes, give war or dates of 10. Security No. (Yes, no, or unknown)	Mrs. Harold Buchanan 218 Dunkirk Rd
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BRYWEEN ONSET AND DEATE
Immediate cause (a) Cancer of	the dung / year
Immediate cause (a)	The same of the sa
Antecedent cause(s)	U
Diseases or conditions, if any, (b)	The received price and become section of the received when the received when the contract of the received when the
stating the undarlying cause last	
ii. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
- COMPANY OF THE PART OF THE P	Yes No II
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on	A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
A.S. Chalfautina 6	210 york & Entirem raped Decrisis
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Dec. 7.1955 Parkwood	Cemetery Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	H. SANDER & SONS, INC.
property of the sections	The State of Mariela

PLEASE WRITE FLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The PLEASE TYPE

MARGIN RESERVED FOR BINDLING

VS. A15-10-53

7	11677 CERTIFICAT	E OF DEATH Reg. Dist.	. No
11.y~	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
legit	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	STATE Md COUNTY CITY(If outside corporate limits, write RURAL a	no cito no mut town)
and legibly	OR and give nearest town) Town Ruxton City (In this place) 10 days	or Town Baltimore	and give nearest town)
clearly	HOSPITAL OR INSTITUTION OR Sorensen Nursing Home STREET ADDRESS	STREET (If rural give location) ADDRESS 1412 N.Montford A	ve v
death c	(Type or Print)	eister OF DEATH: Dec 20	Oay) (Year) 19 55
OI	Female White (Specify): Single Aug		ays Hours Min.
caus	OR INDUSTRY: even if retired): Housewife	Baltimore Md	CITIZEN OF WHAT
te the	13. FATHER'S NAME: Julius Meister	14. MOTHER'S MAIDEN NAME: " Marie Grober	
e write	(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Alvens A Meister 1412 N.	Montford A
please	18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	453.3		ONSET AND DEATH
ns:	IMMEDIATE CAUSE (A)	is of gangrene	I year
เเล	ANTECEDENT CAUSE (S)		
Fhysicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	al Vascular disease	5 years
nt.	(c) U100TAT10	on skin, underlying tissues	I year
ımportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	is chronic. hypertrophy	5 years
	Onone no operation		20. AUTOPSY?
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f	ctory. 21c. WHERE DID (City or town) (Count	
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work		
96 1	22. I hereby certify that I attended the deceased from In- I	0 0	saw the deceased
ori,	alive on I = 17- , 1955 , and that death occurred at	t I2. I5M, from the causes and on the date of PADDRESS	stated above.
orrect		M.D. 516 Cathedral Street I	-21-55 county) (State)
	REMOVAL (SPECIFY)		county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	My Wirector CO4 Ridger	ADDRESS
		- I AMMANA I	TOUL AVE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11676

CERTIFICATE OF DEATH 11678

Reg. Dist. No. 30

TO BANK			CE (HOME) OF DECE	
county Baltimore	MARYLAND	STATE Mary	land COUNTY Pri	ince George's
CITY (If outside corporate limits, write RURAL OR and give nagrest town)	LENGTH OF STAY	CITY (if outside corpor	ete limits, write RURAL and giv	a naerasi town)
TOWN Catonsville	(in this pleca)	2daysowwestHyat	terrille	11 12 6
HOSPITAL OR	1 TAT " TOHOS "T	STREET	(If rural give loca	tion)
14 STREET ADDRESSpring Grove Sta		ADDRESS	_	ì
3. NAME OF (first)	ete Hospital	6206	20th Avenue	
DECEASED		(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Annie	Madden	Mercer	DEATH Decer	mber 14, 19 55
5. SEX 6. COLOR OR 7. SINGLE RACE WIDOV	, MARRIED, 8. DATE VED, DIVORCED,	OF BIRTH 9		NDER 1 YEAR IF UNDER 24 HRS.
Female White Specific	Widowed 5-9	-1881	74 yrs. Mon	ths Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
retired) Housewife	OK INDUSTRE	Scotlan	đ	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.011
Patrick Corbett		Elizabet	h ^C orbett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	17, INFORMANT & A		
(Yes, no, or unk.) (If Yes, give war or detes of service				
No.	Unknown 10. MEDICAL CE		ring Grove Sta	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	RIFICATION		INTERVAL BETWEEN ONSET AND DEATH
420, IMMEDIATE CAUSE (A)	6ngestive hear	failuma		3 months
ANTECEDENT CAUSE(S) DUE TO	Onges of the Hear	14111116		
DISEASES OR CONDITIONS, IF ANY, (B)	Fibrosis of my	cardium due to	infarction	l year plus
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	Arteriosclerot	ic cardiovascula	ar disease	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19a. PATE OF OPERATION 19b. MAJOR FIL	NDINGS OF OPERATION			20. AUTOPSY?
21a, ACCIDENT WAS LINDERLYING IT 21b, PLAC	E (Homa, farm, factory,	214. WHERE DID INJURY OCCUR	2 (City or Inves)	(County) (State)
216. ACCIDENT WAS UNDERLYING 216. PLAC OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	street, office bldg., etc.)	ZIG. WILKE DID HOURT OCCUR	(City of lown)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour	21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR	?	
M.	While Not while st work			
22. I hereby certify that I attended the	decreed from 2-2-	10 51 1- 12-	11:- 10 55 1	
alive on 12-11- 19.55	deceased from	, 17	19	iat I last saw the deceased
signature	, and that death occurred a	tk	suses and on the date :	stated above.
	tich Sp.	ring Grove State	e Hospital	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	M. D.C.	tonsville 28, M	ary land	12/14/55
REMOVAL (SPECIFY)	120 17 1 0	A	// (City, fowii, of ci	(State)
13 min 12/1/	OV JUIN	noon	l'almai	manor
24. REC'D BY REGISTRAR REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
DATE /2/19/53 / / %.	Harry	malleys ?	trumeral Jy	torne.
		3200 K. Isla	and AUt. MT	RAINIGR, Md.
		AC 14 518	17 17 17)	104/1011011/11/6/3



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11677

11679

CERTIFICATE OF DEATH

38 Reg. Dist. No.....

1. PLACE OF DEATH		2. VEULL NEWIDEN	E INOMELOR DE	ECEANED	
county Baltimore	нантынр	STATE Marylar	id county	Baltimor	'e
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (It outside corpore	le limits, write RURAL er	nd give neerest town	}
OR and give neerest town) TOWN Parkville	(In this place)	TOWN Park	ri770		
X 2 Cit It V MALLO					
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giv	•	
* STREET ADDRESS 3514 Joppa Road		3514	Joppa Road		
	idle)	(Last)	4. DATE (Mon	th) (Dey)	(Yeer)
(Type or Print) Mrs. Anna M.	Mill	ידפ	DEATH TO	ec. 22nd	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE O		AGE last birthday	IF UNDER 1 YEAR	TIF UNDER 24 HRS.
RACE WIDOWED, DIVOR	CED.			Months Days	Hours Min.
female white (Specify) marr	ied Oct.	2, 1886	69 уп.		
	OF BUSINESS DUSTRY	11. BIRTHPLACE (Stelle or foreign	country)		N OF WHAT
retired) at home	POSIKI	Baltimore, Mar	nd and	COU	USA
13, FATHER'S NAME		1 14. MOTHER'S MAIDEN NA			ODA
Mr. Joseph Miller		Mary Ewers	er-in		
<u> </u>					
	OCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yas, no, or unk.) (Il Yes, give wer or detes of service)		Mr. Paul P.	. 1811er. 3	571 Johns	Road
	18. MEDICAL CER	TIFICATION		INT	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1	1 10		ON	SET AND DEATH
44 C FIMMEDIATE CAUSE (A)	ndeac ,	Jailure		/	weck.
0114 70	6	,			
DISEASES OR CONDITIONS, IF ANY, (B)	errez cleri	The Card	praseco	las	
GIVING RISE TO THE ABOVE CAUSE	11			1	CZO.
STATING UNDERLYING CAUSE LAST. DUE TO	Klu	al diese	Le.		3710.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			2:	D. AUTOPSY?
					□ NO □
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, I	arm, fectory, 2	Ic. WHERE DID INJURY OCCUR?	(City or Iown)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	e bidg., etc.)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. IN.		HOW DID INJURY OCCUR?			
While	Not while				
		(-14 12	132 1~-		
22. I hereby certify that I attended the decease	d from Y. L. C. C. C.	, 19 2		2, that I last sa	w the deceased
alive on /2/20, 19.55, and th	at death occurred at.	M, from the ca	uses and on the d	ate stated abov	e.
SIGNATURE		ADDRI	ESS (Street, city, town	s, slete)	DATE SIGNED
Brold a Golf,	Mr DAM.D. S	3700 Hers	end Nd	- 10	-/23/5
	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown	, or county)	(State)
REMOVAL (SPECIFY) Burial Dec. 26, 1955	Moreland Me	morial Park	Baltimor	e, Maryla	nd
24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	/	25. FUNERAL DIRECTOR'S SI		ADDRESS	
A VICTO OF MEDISTRAM	m A				
DATE DAY. W.	110. Becong	Leonard J. Rus	ck, 5305 Ha	riord hoa	3d #14

W UALKUE

DEC ,73 1822

OF ARTOMS

INSTITUTION OR

(Type or Print)

13. FATHER'S NAME:

3. NAME OF DECEASED:

Male

Ye≴

OF INJURY

5. SEX:

(First)

RACE:

Frank Miller

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

IS. WAR DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no, or, unk.) (If Yes, give war or dates of service)

RAYMOND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

INTERVAL BETWEEN

ONSET AND DEATH

3 YEARS

3 WEEKS

YES T

(County)

20. AUTOPSY?

NO E

(State)

carefully

and

item of information

every

Supply

UNFADING

WITH

WRITE PLAINLY

OR

PLEASE

11680 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marvland COUNTY COUNTY Raltimore MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) and give nearest town) OR TOWN TOWN 1163 days **Baltimore** Fort Howard HOSPITAL OR

(If rural give location)

STREET **ADDRESS** 124 S. Mount St.

STREET ADDRESS Veterans Administration Hospital (Middle) DATE (Month) (Year) DEATH: December 2 MILLER 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, Months | Days Hours

(Specify): Single 3-16-07 48 yrs. IOA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life, OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? even if retired) :Sheet Metal Worker Baltimore, Maryland U-S-A-

TUBERCULOSIS. PULMONARY. FAR ADVANCED

14. MOTHER'S MAIDEN NAME: Mary Gross 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO.

215-09-4986 Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md 18. MEDICAL CERTIFICATION

BRONCHOPLEURAL FISTULA, RIGHT

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3 WEEKS (A) EMPYEMA, PLEURAL, RIGHT DUE TO

GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

198. MAJOR FINDINGS OF OPERATION Right upper lobectomy-pulmonary tuberculosis 11/28/55 Thoracoplesty, right-bronchopleurel fistule
21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, 21c WHERE DID (City or town)
OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. | INJURY OCCUR?

While

at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that attended the deceased from Sept. 25., 19.52 toDec. .. 2, 19.55, that I have been been septembered. This control was and on the date stated above. DATE SIGNED SIGNATURE

GEORGE LERNER, 23. BURIAL, CREMATION: REMOVAL (SPECIFY) NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county) DATE THEREOF SNew Cathedral Cemetery Burial

21E INJURY OCCURRED

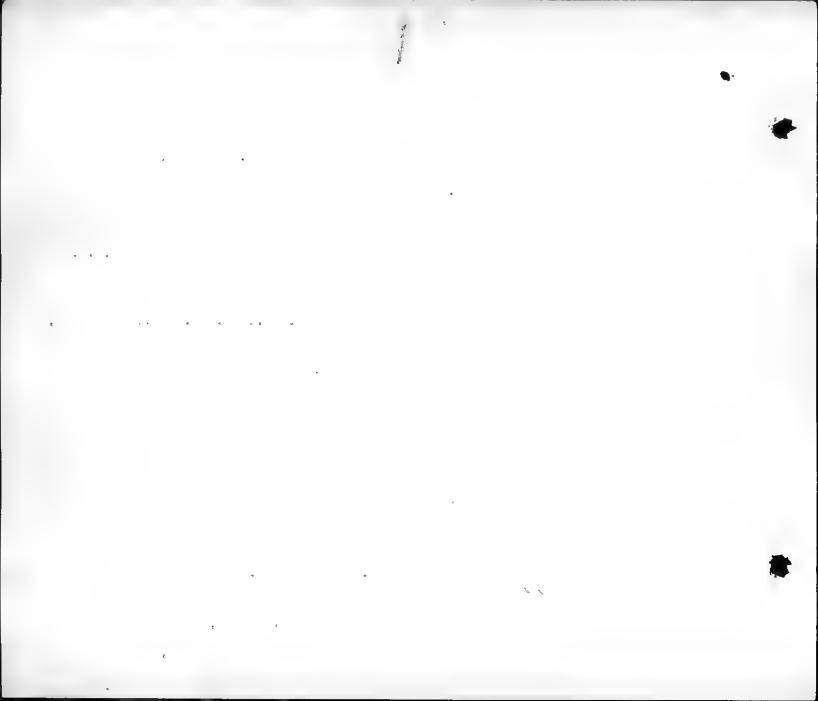
Not while

at work

Baltimore Maryland 24. FUNERAL DIRECTOR REGISTRAR'S Hollins &Gilmor DATE REC'D BY LOCAL SIGNATURE REGISTRAR Witzke Funeral Directors

RESERVED FOR

A15 Š



REGISTRAR'S SIGNATURE

LINERAL DIRECTOR'S SIGNATURE

24. REC'D BY REGISTRAR

(Year) 19 55 IIF UNDER 24 HRS CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO P (State) بر الكرير that I last saw the deceased (Stata) Md. ADDRESS

DEC 50 1822

BUREAU V. S.

NSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11680

11632 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Beltimpre	STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (# outside corporate limits, write RURAL and give nearest lown)
OR and give naarast lown) TOWN	O OR
CAT DAY	SToneleigh
HOSPITAL OR	STREET (H Sural give location)
14 INSTITUTION OR SWIND MALLE ST. HOSE	ADDRESS 809 16 act 721
1 4 2000 2 1 1 1 1 - 1 - 1	dog ningston (of.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Clara 18 atherine	MORAN DEATH Dec. 19th 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,	0 100 7
J. W. (Specify) violoved 10.	is, 188 / 68 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working, life, even if OR INDUSTRY	SOUNTRY?
rolired) Demonstrator	accomprs u.s.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry STEPHAN	Magklalen Kheifer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INEORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give war or dales of service) 2-13-05-721	7 Stephen Moran, 809 Kingston Rol.
18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1 IMMEDIATE CAUSE (A) Kulmomary	Eusboli 3 days.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) TO YPER CUSTURE	Cardoo vascular disease unknown
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21b. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY streat, office bidg., alc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
	2H. HOW DID INJURY OCCUR?
While Not while	TIL HOW DID HOOK!
M. at work at work	
22. I hereby certify that I attended the deceased from	
alive on Dec. 11 19.55 and that death occurred at	11 32 PM, from the causes and on the date stated above.
SIGNATURE, O O O	ADDRESS (Streat, city, town, state) DATE SIGNED
Mertmole 1. His hugue M.D. S	Ming Grove ST. Hosp. 12.19.55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Siete)
Burial 12/21/55 Woodlawn C	em. Woodlawn Md.
-24 REC'D-BY REGISTRAR REGISTRAR'S SIGNATURE	25% FUNERAL DIRECTOR'S SIGNATURE ADDRESS"
1 200 100	1011 A COLONIA
DATE O. G. Harry	I I'M. y Notener 4 sous . DATA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11633 CERTIFICATE OF DEATH

11681

Reg. Dist. No. 38

1, PLACE OF D	EATH				2. USU	AL RESID	ENCE (HOME) OF DEC	EASED	
COUNTY	Baltimore		MARYL	AND	STATE	Mary]	and county		
CITY (If outside OR and give	corporate fimits, write R	URAL	LENGTH OF		CITY	(Il outsida cor	porete limits, write RURAL end (give nestest towr	1)
	xton		6 d		TOWN	Ralt	imore		
HOSPITAL OR	Connonco	n Minaci			STREE	Г	(II rurel give ic	cetion	
STREET ADDRESS				ne	ADDR	^{:55} 1305	N. Calvert	Stree	t .
3. NAME OF	(First)		(Middle)		(Last)		4. DATE (Month)	(Dey)	(Yaar)
DECEASED (Type or Print)	CHARLE	S REI	NHARD	r M	UELLE	R, SR.		. 27	, 1955
5. SEX 6.	COLOR OR 7	, SINGLE, MARRI WIDOWED, DIV	IED,	8. DATE OF	BIRTH			UNDER 1 YEAR	
male	white	(Specily) W	dowed.	Feh.	26. 1	872	83 ym M	onlhs Days	Hours Min.
10a, USUAL OCCUPA	TION (Give kind of wor	k 10b. KIN	D OF BUSINES	5	II. BIRTHPLA	CE (Stata or lo	1 - 1 1 1		EN OF WHAT
done during mos	t of working life, even	i) OR	INDUSTRY		24.5	- mand	Windini-		NTRY?
13. FATHER'S NAME	. Musicia	in Cent	cury Th	rea cr.6		HER'S MAIDE	Virginia	U.S	• A •
	Mueller						ne Schaefer		
	EVER IN U. S. ARMED		. SOCIAL SECT	JRITY NO.	17.	NFORMANT 8	ADDRESS	6	14
(Yes, no, or unk.)	Il Yes, give wer or detes	of sarvice]			Cha	arles	R. Mueller,		
			18, MEI	DICAL CER				I INT	EDVA BETWEEN
	IDITIONS DIRECTLY LEA							000	ISET AND DEATH
449 XIMME	DIATE CAUSE	(A)1	Lyocar	ditis	with	failu:	re	3	days
* *		E TO							
DISEASES OR COND	ITIONS, IF ANY.	(B)	dyocar	dial h	ypert	rochy		5	years
GIVING RISE TO TH STATING UNDERLYIN	E ABOVE CAUSE G CAUSE LAST, DUI	E TO							
		(C) 1	arteri	oscler	osis	gener	alized	5	vears
II OTHER SIGNIFICAN	IT CONDITIONS CONTRI NOT RELATED TO THE								
	ITION CAUSING DEATH	(Flomer	ular r	enal	change	98		ye rs
19a. DATE OF OPERA	TION 196. A	MAJOR FINDINGS						_	O. AUTOPSY?
110110		no	perat	ion					s 🗌 ио 🗔
OR CONTRIBUTING []	CAUSE OF DEATH C	21b. PLACE (Home	a, farm, lactory office bldg., etc.), 21		injury occ	UR? (City or town)	(County)	(Stefn)
21d. TIME OF INJURY	(Month) (Day) (Ya		INJURY OCCU		II. HOW DIE	INJURY OCC	:UR?		
no inf	ury	M. of w		while U	no	inju	rv		
22 I havaby	antific that I allow	ded the docar	end from D	en 2T			2 27 , 1955 ,	that I last ca	w the decesed
n de	C 55 and	55	ased it officer.	Maddagagagaga Citarda	T. 55	A R al	t all to	11101 1 1031 30	w me deceased
alive on		and	that death	occurred at	WWW.	A, from the	causes and on the date DRESS (Street, city, town, st	stated abov	^{ve.} Date signed
7	Trohan	- 232	2012		TC Co				
33. BURIAL CREMAT	ION. DATE I			-M.D. CEMETERY OR	REMATORY	t ne ar	LOCATION (City, town, or	T county)	(State)
burial	FY)	29/55	Mono	land D	anle C	omoto	Do micrei 12 o	31	Sec Fre
24. REC'D BY REGIST		PAR'S SIGNATURE	TIOT'e.	Lanu F	25 FLINFO	AL DIRECTOR	Parkville	ADDRES	vland
1	1. //	7 10	1				4 ()		
DATE Dec. 2	7.1953 11	lakel &	ray		1877.	Cocol	6 mc 1217	20.	A(' ' " •

11634

After this ly of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death, certificate has been executed by the attending physician and completely filled in by the funeral director, the third condeath certificate assembly should be detached for use as a burial transit permit.

DATE

ATTENDING THYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with The bottom copy may be retained by the hospital or attending physician.

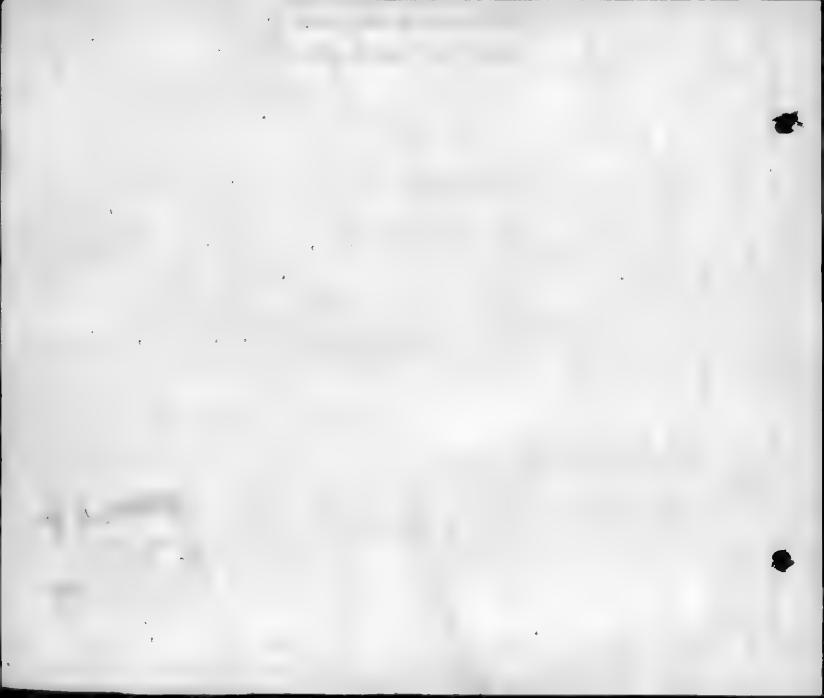
INSTRUCTIONS

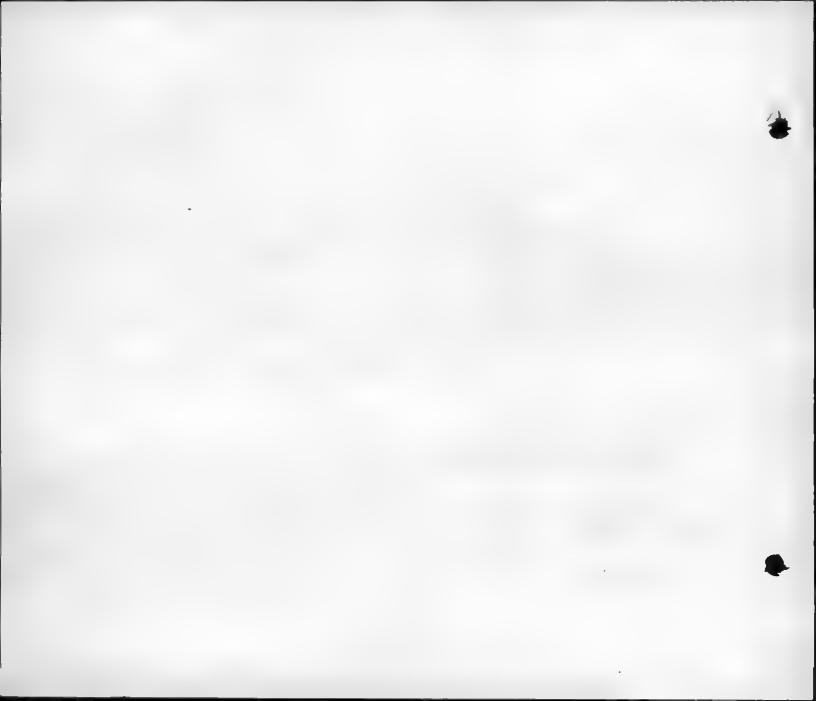
24 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No. 30

l					
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED	
COUNTY Baltimore MA	RYLAND	STATE III.	COUNTY	Daltino	re
CITY (Il autside corporete limits, write RURAL LENG	TH OF STAY	CITY (il outside corp	orate limits, write RURAL as		
ACTOWN Cotonourille III	fhis place)	OR TOWN Cate	nsville		8
HOSPITAL OR		STREET	(If rural giv	re location)	
INSTITUTION OR 25idge Road		ADDRESS OF	idge Road		/
				(1)	(4-3
DECEASED	3.5	(Last)	4. DATE (Mon		(Year)
(Type or Print)	al-value	acller	DEATH DE	c. 4, 1	200 ¹⁸
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	B. DATE OF	BIRTH	9. AGE last birthday		IF UNDER 24 HRS.
Female RACE W WIDOWED, DIVORCED, (Specify) Larri	od Ann	. 12,1880	75 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BU	SINESS I 1	I, BIRTHPLACE (State or fore) 12. CITIZE	N OF WHAT
done dudge most of working life, even # OR INDUSTR	Υ		.,	COUN	ITRY?
refired) H. W. Own Homo		Balto. Md			
IJ. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Fenry Schwalm		Elizabeth	Lichael		
	SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or deles of service)		Thornos A	. H.Muelle	r 27 71	Ago PA
16.	MEDICAL CERT		* 1.41100 L.LC	INTE	RVAL BETWEEN
"I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ON	SET AND DEATH
420.1 IMMEDIATE CAUSE (A) COR	ONBRY	TLRIMB	05.55		
DISEASES OR CONDITIONS, IF ANY, (8) ALL PE	P FENSI	VE BREE	PIU SCLEA	espyc	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	in 1/050	CULAR OF	SE O.CE		
(C) 1/31 01	15	10010	المراجعة المراجعة		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	R THIPAT	c marage	1113		
DISEASE OR CONDITION CAUSING DEATH.	131				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPER	ATION			20	D. AUTOPSY?
	A			YES	NO []
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	actory, 216	. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY (While	Not while	I. HOW DID INJURY OCCU	R?		
MF al work	al work				
22. I hereby certify that I attended the deceased fro	m /2/2	, 19000., 10	2/1/ 1950	, that I last say	w the deceased
alive on	occurred at	SINGAM, from the	auses and on the d	late stated abov	'ө.
signature)			RESS (Street, city, low)		DATE SIGNED
(Lola II. A	Welm.D. S	Ens Edmi	uncas p.	1- 1	2/1/20
23. BURIAL, EREMATION, DATE THEREOF	OF CEMETERY OR C	FOI EUMI	LOCATION (City, town	, or county)	(Stata)
REMOVAL (SPECIFY)			Baltin	~	, ()
	graine	Pape	Balti wro	1.00	
24. REGISTRAR REGISTRAR'S SENATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	







TO FUNERAL DIRECTOR: The law requires that the death certificate be filed —ith the registrar within 7.2 Heurs after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M

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hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11685

11687 CERTIFICATE OF DEATH

	rea pist red	/a
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTO, MARYLAND	STATE MI 4 COUNTY BALL	10.
CITY (If outside corporate limits, write RURAL OR and glye aparest lown) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest for OR TOWN	7 (6)
HOSPITAL OR INSTITUTION OR 1/1/1	STREET ADDRESS (If rural give location)	
STREET ADDRESS HIVE E 3/	HUB E SIKEE!	<u> </u>
3. NAME OF DECEASED (Type or Print) AM ES S. Of	ROURKEST DEATH 12-22	(Year)
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 26 1)	F BIRTH F C 1313 9. AGE lest birthday IF UNDER 1 YEA Months Days	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if retired) 1 P A MARCATURE OR INDUSTRY		IZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	237
JAMEH, O'ROURKE	-UNK-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, np. dc unk.) (If Yas, give war or detes of service) (15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, np. dc unk.) (If Yas, give war or detes of service)	- ADA W. PROUKE - 5	Anz
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN ONSET AND DEATH
DUDING TO A SEL MORE OF A	and The last	4
ANTECEDENT CALIFERS DUE TO	and Jacky	- TIME
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
OL ACCIDENT WAS UNDERDINGED TO LONG TO BE AS IN		ES NO
OK CONTRIBUTING (CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or lown) (County)	(Stata)
21d. TIME OF INJURY (Month) (Day) [Year) (Hour) 21a. INJURY OCCURRED While Not while At work work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9	19.55, to 12.12.2, 19.5.5, that I last s	rave the deceased
alive on 12/20 19.55 , and that death occurred at		
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
DAVID OWENS, M.D. M.D. M.D. Pr	4 D IT SUDRRIUG POLIS	12/22/55
23 BURIAL, CREMATION, DATE THEREOF / NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Steja)
BURIAL BELIEVE 12/24/53 OHK FA	WN BALTO. Co.,	Met.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE /ADDRE	ss / Al ad
DATE 12 128/55 NO QUELLE & Parter 1	LILLE THE PARTHUREN INGL	Alle ittel



A NA.

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ADDRESS

M)	carefully.
*	information
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WRITE

OR

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PLEASE

DATE REC'D BY LOCAL

REGISTRAR

RÉGISTRAR'S

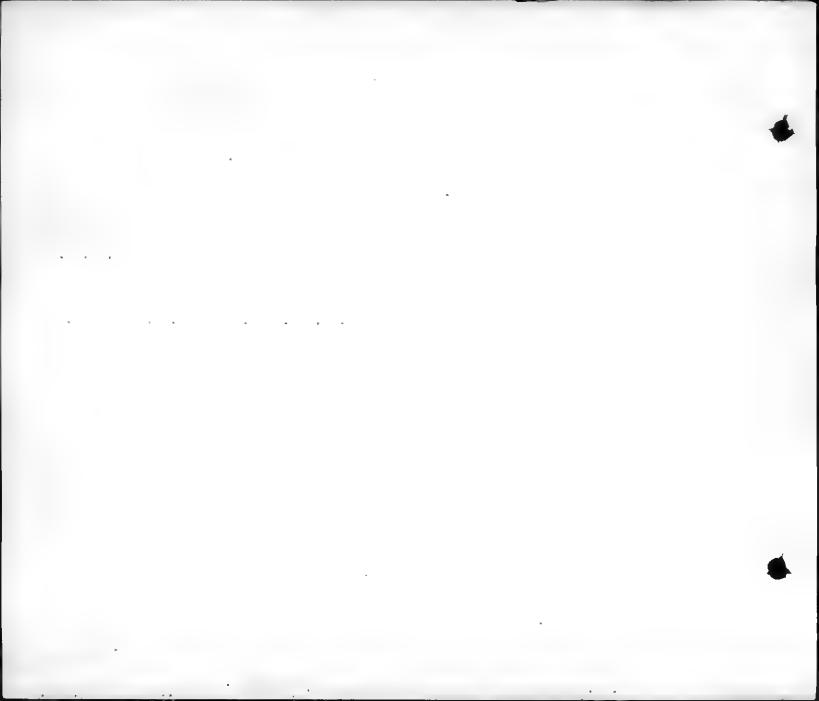
SIGNATURE

RESERVED

MARGIN

legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED BALTIMORE MARYLAND COUNTY MARYLAND COUNTY LENGTH OF STAY
(in this place)
L DAYS CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) OR TOWN FORT HOWARD TOWN STREET HOSPITAL OR (If rural give location) INSTITUTION OR **ADDRESS** ASTREET ADDRESSVETERANS ADMINISTRATION HOSPITAL STRICKER STREET (First) (Middle) (Last) 3. NAME OF DATE (Month) (Day) (Year) DECEASED: DEATH: DECEMBER 12 CLYDE OWEN (Type or Print) 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR WIDOWED, DIVORCED, RACE: Hours (Specify): MARRIED 6-2-07 OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? even if retired): BARBER SOUTH BOSTON, VIRGINIA U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: MARY SMITH JACOB OWEN 17. INFORMANT & ADDRESS IS WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes, give war or dates CLINCREC. VET. ADM. HOSP. FT. HOWARD MD. of service) 212-07-0956 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH BRAIN TUMOR RIGHT HEMISPHERE HINKHOWN MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE STCKLE CELL TRAIT UNKTOWN DISEASE OR CONDITION CAUSING DEATH. 198 MAJOR FINDINGS OF OPERATION 18A, DATE OF OPERATION: 20. AUTOPSY1 YES [21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, (County) 21c. WHERE DID (City or town) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING TO CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while Whlle OF INJURY at work at work 22. I hereby certify that Kattended the deceased from DEC. , 19 55, to DEC. 12, 19 55, that plant paw the deceased 8 coand/that death occurred at 2:15 M, from the causes and on the date stated above. miles anoxoxx ADDRESS SIGNATURE DATE SIGNED M. DVAH, FORT HOWARD, MARYLAND NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Virgilina, Va. Zion Hill Cemetery

24. FUNERAL DIRECTOR



VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully

MARYLAND STAT	DEPARTMENT	of Health—Baltimore,	18	11689
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11691 CERTIFICATE		
1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Maryland county	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nea	rest town)
X OR and give nearest town) TOWN Fort Howard 79 80 Days	TOWN Baltimore	* * *
HOSPITAL OR	STREET (If rural give location) ADDRESS	,
STREET ADDRESSVeterans Administration Hospit		1/
DECEASED:	OF	Year)
	200001	955
RACE: WIDOWED, DIVORCED.	9. AGE last birthday 15 UNDER 1 YEAR 15 UND Months Days Hours	
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	F WHAT
even if retired)Truck Driver Shirks Motor Co.	Palmyra, Tenn. U.S.A.	
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Alex J. Parker	Ella Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes. no. of unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
Yes of service) WW-II 215 09 9341	Clin. Rec. Vet. Adm. Hosp., Ft. Howard, Md.	
18. MEDICAL CERTIFICAT		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	ND DEATH
IMMEDIATE CAUSE (A) METASTATIO	C CARCINOMA TO BRAIN 2 Ye	ars
ANTECEDENT CAUSE (\$)		
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH, 19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION	N 20, AU	TOPSY2
/ 6/13/55 Excision of Metastatic Muc	vec 🖂	но 🔀
		State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work	D 21F. HOW DID INJURY OCCUR?	
37.6		
22. I hereby certify that Kattended the deceased from Sept.	. 23 1955, to Dec. 11, 1955, that Tast saw the	deceased
XX IXXXX and that death occurred at SIGNATURE	7:45AM, from the causes and on the date stated about BATE SIGNED	ove.
	4. D. VAH. Fort Howard, Md. 12/11/55	
REMOVAL (SPECIFY)	A. D. VAH. Fort Howard, Md. 12/11/55 ERY OR CREMATORY LOCATION (City, town, or county)	(State)
Burial Dec.15,1955 Palmyra Come		S
DATE REC D BY LOCAL REGISTRAN S SIGNATURE	24. FUNERAL DIRECTOR ADDRES	-



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11690

11692 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Baltimore	NIY Baltimore MARYLAND			and county	Ba	Ltimo	ore	
CITY (If outside corporete limits, write RURAL OR and give naeres! town)			CITY (Il outside corporate limits, write RURAL end give neerest town)					
Neisterstown	7.00	ra Ca	or rown Relaterstown					
HOSPITAL OR			STREET (If rural give location)					
street Address 510 Main Street			ADDRESS 510 Main Street					
3. NAME OF (first)	(Middle)		(Last)	4. DATE (Mont	th)	(Dey)	(Yeer)	
(Type or Print) Annie	Belle Pa		rsons	DEATH LOC		24 1955		
	GLE, MARRIED, 8. DATE O		F BIRTH S			R 1 YEAR	IF UNDER 24 HRS	
₩ YY (Spr	ecity) Wildowed	Apr1	1 12 1877	78 yrs.	Months	Deys	Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES	S I	11. BIRTHPLACE (State or foraig	in contry)	1	2. CITIZEI COUN	N OF WHAT	
retired) Housewife	OK INDOSIKI		Maryland			USA		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
Jarrett Tracey Elizabeth Duce								
15. WAS DECEASED EVER IN U. S. ARMED FORCE	17. INFORMANT & ADDRESS							
(YNO O' Dell Peltzer Reister						stow	n Md	
	18. MEI	DICAL CER	TIFICATION			INTE	RVAL BETWEEN	
1 DISEASES OR CONDITIONS DIRECTLY LEADING		1	n.	2-17/1/		ONS	ET AND DEATH	
/ WALL IMMEDIATE CAUSE (A)		1000	noma R	· wanc	7	_ &	for .	
ANTECEDENT CAUSE(S) DUE TO					•			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)								
FE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	deline In	godo						
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?	
	incard			dnig		YES	- 4.3	
OF CONTRIBITING IT CALLER OF BEATH I OF IN H	LACE (Home, larm, fector) URY street, office bldg., etc.	(j 21	ic. WHERE DID INJURY OCCUR	? (City or (afwn)	(Co.	inty)	(State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Hear)	Hour) 21e, INJURY OCCU	IPPED 1.5	II. HOW DID INJURY OCCUR	2				
There	White r- Not	while 2	anc.	•				
22. I hereby certify that I attended			and 11 11 11 11 11 11 11 11 11 11 11 11 11	7-11 00 55			.1 1	
Asia contract of								
alive on 12 12 4 19 5 4	, and that death	occurred at		auses and on the d t ESS (Street, city, town			e. Date signed	
L. L. Caples		M.D.	Rinters	town m	1	17	-75-15	
23. BURIAL, CREMATION, DATE THEREO	F NAME OF	CEMETERY OR		LOCATION (City, town	, or count	(y)	(State)	
Burial Dec 27	7 10hh StPs	מים דווב	metery	#rcadia		M	id	
24. REC'D BY REGISTRAR REGISTRAR'S	(ICN)	27 AG						
24. KEC'D BY KEGISTKAK	SIGNATURE	1	25. FUNERAL DIRECTOR'S	SIGNATURE	n	ADDRESS	1 1	



20. AUTOPSY? YES [NO T (County) (State) 26, 1958 to Due 22, 1953, that I last saw the deceased TYPE 18 PM, from the causes and on the date stated above. alive on and that death occurred at correct SIGNATURE ADDRESS DATE SIGNED PLEASE EOCATION (City-town, 23. BURIAL, CREMATION MAME OF CEMETERY OR CREMATORY (county) (SPECIFY) DATE REC'D REGISTRAR

Days

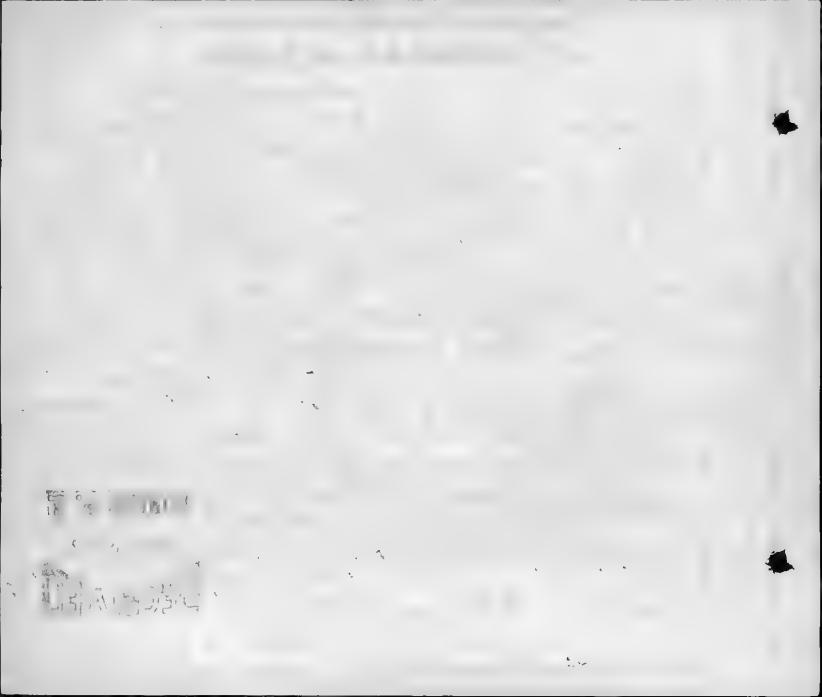
COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

σà





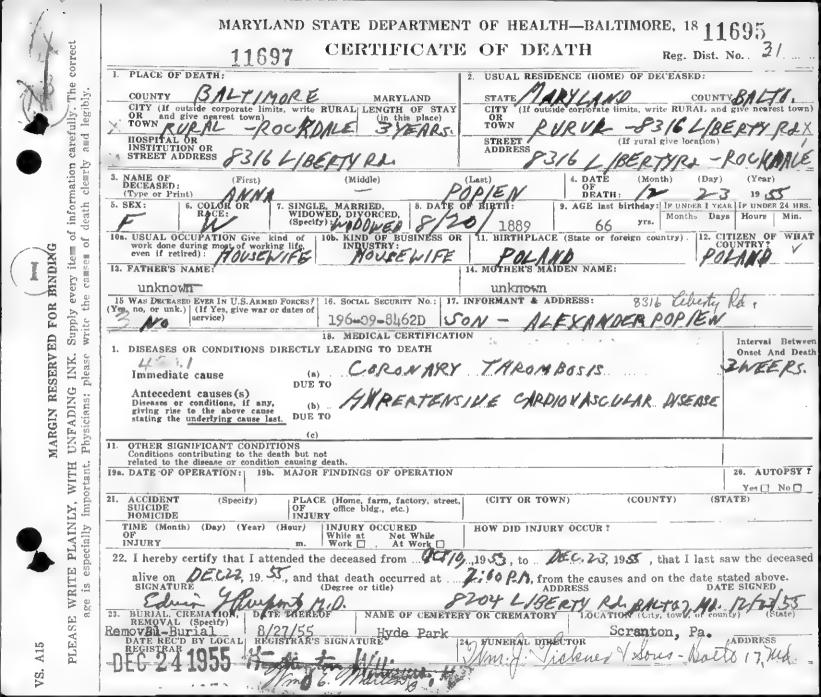
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GERTRN BE POPE FEMNUS WHITE SIMBLE APRIL 25,1975 77

WIRHITSY WEE - CUT BENANT &C.

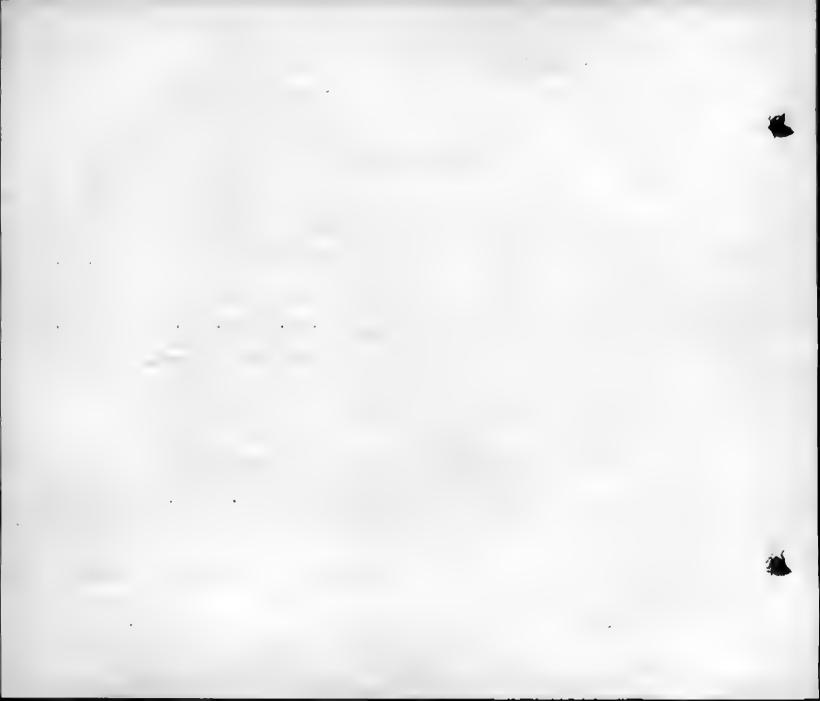
The state of the s

12/3/54 App. Ehilocot



SEC SEC - w 1 1 1

Lyndhurst Ave. Baltimore, Maryland



VS A15C 1-55 1DM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

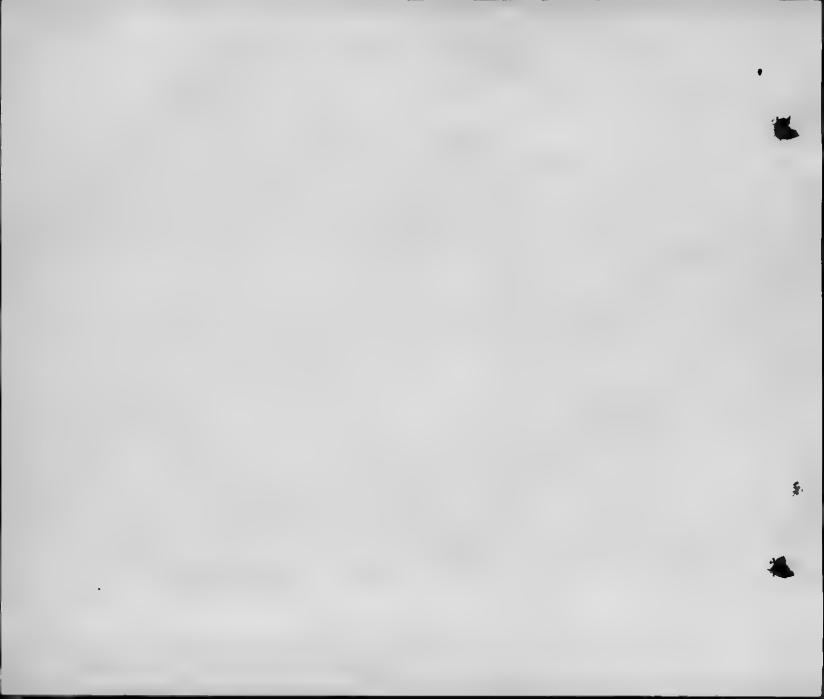
11697

11699 CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH	2. USUAL RESIDENCE,(HOME) OF DECEASED
COUNTY BALTIMOYP MARYLAND	STATE Mary and country Baltimore
CITY (Il outside corporaté limits, write RURAL LENGTH OF STAY	CITY (If outside comparate limits, write RURAL end give neefest town)
OR and give means town (In this place)	OR TOWN PIALE
HOSPITAL OR	161K10N-
INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) James H. Py	le DEATH/CRAMUES/4 1953.
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IP UNDER 24 HRS.
Male White (Specify) idouged toxi	2 / 15 60 yrs. Months Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
(clone during most of working life, even if ratified).	B-1+ COUNTRY? A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tory Pula	Deign Athingson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, not) or unk.) (If Yes, give war or detes of service)	March 1 2 1/1 P T made
- 1/10	All Joseph Sellanon, Janeson 119, -
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Corragestine	that failure that
ANTECEDENT CAUSE(S) DUE TO (1, The pinnal pr	+ 01.11.2
DISEASES OR CONDITIONS, IF ANY, (B)	inchart disease. only.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE REATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a, INJURY OCCURED While Not while	18. HOW DID INJURY OCCUR?
	12.113 55
	19.54, to 12.73, 19.55, that I last saw the deceased
alive on	M. from the causes and on the date stated above.
Robert & hopen in 1	ADDRESS (Street, cliv, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOGATION (City, Town, or county) (State)
DREMOVAL (SPECIFY)	16 + 11/1 + 1/ 1/B 12 10 MAI
24. REC'D BY REGISTRAR REGISTRARS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
19/11/10 Pal 7 9 3	M. T. D.
DATE 1/6/30 Helleston of Scellon	Macour romengum, Tow Theon La.
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certificate 1.55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11699

CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give negrest town) OR and give naerest town (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural give location INSTITUTION OR **ADDRESS** STREET ADDRESS (First) 3. NAME OF (Middle) DATE (Last) (Day) (Month) (Year) DECEASED (Type or Print) DEATH 19 5. SEX COLOR OR SINGLE, MARRIED. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Deys Hours (Specify) YES. KIND OF BUSINESS 10e. USUAL OCCUPATION (Give kind of work 10Ь. 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if relired) OR INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give wer or dates of service) INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSEIST DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 📑 NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) {State OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Month) (Day) 21d. TIME OF INJURY (Year) 21a. INJURY OCCURRED (Hour) 21f. HOW DID INJURY OCCUR? While Not while at work at work Alex 24 22. I hereby certify that I attended the deceased from 19. J.J., that I last saw the deceased and that death occurred at #13.50...M, from the causes and on the date stated above. alive on ... O. M.C. BIGNATURE ADDRESS (Straet, city, town, stete) DATE SIGNED cans M.D. NAME OF CEMETERY OR CREMATORY BURÍAL, CRÉMATION, DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 10 N REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE



ATTENDING PHYSICIAN OF HUSPITAL The law requires the the death-cértificate be executed. The bottom copy may be retained by the hospital or ettending physician. INSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 12, Film G190, 12/12/55 bh

11702 CERTIFICATE OF DEATH 11760

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY BALTIMORE MARYLAND	STATE MO, COUNTY BY	tto:
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this piece)	CITY (If outside corporate fimits, write RURAL and give nears OR	si town)
	4 STOWN	TOWN R 2 11 (15)	2 V 12
	HOSPITAL OR	STREET (If rurel give location)	12 Mar
	INSTITUTION OR +	ADDRESS (IF FOR I GIVE IDEE TORY)	/
	14-STREET ADDRESS DVING Grove Hospital	47 15 PENHURST	AVE
	3. NAME OF (Fixst) (Middle)	(Lest) 4. DATE (Month)	(Dey) · (Yeer)
	(Type or Print) FILE (DUOE MAIC) DAIR	eTEIN/ DEATH 10 -	7 6-
	Therefore Boy NOBIN	2 5 1/0	1 - 100
	5. SEX 6. COLOR OR 7. SINGLE, MARRED B. DATE OF		
	(Specify)	20-1880 75 yrs. Months	Deys Hours Min.
	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS		CITIZEN OF WHAT
	done during most of working life, even If retired! OR INDUSTRY	Λ	COUNTRY?
	GRUCER	POLAND	U.S.A.
- 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MARRIS RUBINSTELN	MIDIAM DIAT	Γ
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	(A BAUE)
	(Yes, no, or unk.) (If Yes, give wer or dates of service)		ADOVE
		IF LOR A-RUBINSTE	IN-WIFE
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	1/20 IMMEDIATE CAUSE (A) IREATETIVE MYSERY	dial fibresis	1 year
	ANTECEDENT CAUSE(S) DUE TO	34 4 4	
	DISEASES OR CONDITIONS, IF ANY, (B) Obliterative per	Learentis	1 mear
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
		cardiovascular disease	years
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH,		
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO
	21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County	y) (Stale)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
Ì	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	M. et work et work		
		2 5) 12 3 5/6	
	22. I hereby certify that I attended the deceased from 5-1	7-1952, 1012-7-, 1955, that I	ast saw the deceased
	alive on		above.
٤	SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
5	Hand Eduards MD M.D. S	Dring Grave State Horse	112-7-55
A15C 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stele)
20	REMOVAL (SPECIFY)	1. 1 -12-44	Who o
¥	736406 12/7/22 1100le 1	coleto Bulliniere	INO.
< > <	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS CLUE,
	DATE . 6. Harry of	lot pling sile Mit In 1/24-2	6/1 /1/11/



Reg. Dist.

MARYLAN	D STATE DEPARTME	NT OF HEALTH—BALT	IMORE, 18
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

MEDICAL BARRACTURES CAR	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	state Maryland county Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lansdowne Lansdowne	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Jecond Avenue	STREET (If rural, give location) / ADDRESS 200 Second Avenue
	RUDOLF, SR. DATE (Month) (Day) (Year) RUDOLF, SR. DEATH Dec. 16, 19 55
male RACE: WIDOWED, DIVORCED, NOV	
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Picture Painter - Rell S	Dolltimone Md COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Martin Rudolf	Alice G. Anzmann
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of 216-10-9834	Mrs. Elizabeth F. Rudolf, Lansdowne Md
I8, MEDIC	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	Thorbrie ONSET AND DEATH
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\subseteq \text{No } \(\text{B} \)
PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc.	**
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile injury M. work at work	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes D. Acci	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED
REMOVAL (Specify): 12/20/55 Meadowridg	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Win Core

VS. A15A - 5 - 53

MARGIN RESERVED FOR

143

a of information carefully. The of death clearly and legibly.

Supply write t

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY, WITH age is especially important.

DEC SO 1822

BUREAU V. S.

24 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11702

CERTIFICATE OF DEATH

11704

Reg. Dist. No. 33

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
TOWN.	TOWN Owings Mills Md.
HOSPITAL OR MILES Md. 100 TEARS	STREET (If rural give location)
institution or street address Gwynbrook Ave.	ADDRESS Gwynbrook Ave.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Harry C. Rutter	Sr. Death December 18,1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, RACE White (Specify Widowed Feb. 5	9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HR
10%, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT
retired) Painter & Paper Hanger	Maryland country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward T. Rutter	Marian J.Sparks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(16 Yes, givenway or dates of service) None	Carroll Rutter, Owings Mills, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO-BEATH	
was bore and	ONSET AND DEATH
143 MAMEDIATE CAUSE (A)	was pour
DISEASES OR CONDITIONS, IF ANY, (B)	sion 5he
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
10 androve	lerosis-genera 5 mi
ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED White Mot while	II. HOW DID INJURY OCCUR?
M. While by to while work work	
22. I hereby certify that I attended the deceased from	to 2 - 1955, that I last saw the deceased
alive AV 2-18-549, and that death occurred at.	M, from the causes and on the date stated above.
SIGNATURE // ////	ABORESS (Street, city, town, state) DATE SIGNET
James J. Laffell M.D.	calliston med 12-19-50
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or county) (State)
Burial Dec. 21, 1955 Pleasant	Hill Owings Mills, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-20-59 Mary 13, 2/1ne.	J.F.Eline & Son's Reisterstown, Md.

'S 'A INTIMA

DECEDVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11703

30

11705 CERTIFICATE OF DEATH

<u>Item 12, film@191 1-6-56 et</u>	rey. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimare MARYLAND	STATE Md. COUNTY Battemore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give neerest town)
TOWN (atonsvelle / month	TOWN 2901 Lengents (due
HOSPITAL OR INSTITUTION OR / // // //	STREET ADDRESS (ij fural giva location)
STREET ADDRESS Journ Shows State Hoss	Baltemore 14
3. NAME OF (Fixt) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (va)	as les DEATH December 30 19 5.00
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF MINDER 24 HRS.
France White (Specify) Windows 4	-17-1873 Pyrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work dona during most of werking life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
refired) one	Skimany U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
Pasper Muell	Elisabeth 3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	T. INFORMANE ADDRESS
(Yes, mg, or unk.) (If Yes, give wer or dates of service)	Dende Sam From State/ Hos
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	FIFICATION INTERVAL BETWEEN ONSET AND DEATH
7/00	ONSET AND DEATH
nus no ()	- · · · · · · · · · · · · · · · · · · ·
DISEASES OR CONDITIONS, IF ANY, (B) Unlessable of	ul Sphroselerosia
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	04.01
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	alenoclerosis
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Hot work at work	14. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-30	- 10.55 to 12 - 30 - 10.55 (wall a contract to
alive on	
SIGNATURE	ADDRESS (Street, with Jown, stell) DATE SIGNED
Juney Works M.O. a	stong rell 28 mod 12-30-15
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	
Burial / Jan. 2, 1956 Parkwood	Parkville, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
outer N . 1350 1.6. Harry	Ullrich Funeral Home 4210 Belair Road.

E .V UALLING

4 NAU

TO ATTENDING

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12575

CERTIFICATE OF DEATH 11703

3	7	Reg. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
VI	COUNTY_ / Jac Ctt . MARYLAND	STATE MAL COUNTY SUPER.
14	CITY (If autside corporete limits, write RURAL LENGTH OF STAY OR epidopre nearest town) OR (in this place)	CITY (It outside corporete limits, write RURAL end give neerest town) OR
	LAWOUNG 4 Start 4 Us.	TOWN formagen if
	HOSPITATE OF INSTITUTION OR STREET ADDRESS 1803 Allon Kielye Brand	ADDRESS 63 Hen Ridge Road
	3. NAME OF (First) (Myddley) (Type or Print) (A)	(Lost) 4. DATE (Month) (Dey) (Year) OF DEATH 1.2 - 28 - 59
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify)	DF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
,	Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if religion)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
	13. FATHERIS MAME	14/MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S/ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS PLAN 1804 M. D.A.
4		RTIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	ic maligrancy Inde
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	t melanone Indef
		erotic heart disease Indep
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, ferm, fectory, OR CONTRIBUTING 2040SE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Sletc)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 8/2//5	19, to 12/9-8/5519 that I last saw the deceased
15 10M	alive on	
A15C 1-55	23. BLRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR SEMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stete)
VS.	74- REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HALLES
1		1 Balto 15 mis

TI NIAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	'E OF DEATH Reg. Dist. No.	.41
Item 12, Film6101 1=17-56 et	neg. Dist. No	
1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Batte
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN	OR TOWN Lun dalk	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deboy live. (13)	STREET Of rural, give location)	(28)
3. NAME OF DECEASED (First) H. Schmid Sr.	(Last) (Month) OF DEATH SIGN.	(Day) (Year)
6. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	
done during roof of working sie, even if retired) One during roof of working sie, even if retired)		CITIZEN OF WHAT
13. FATHER'S NAME L. Schmid	14. MOTHER'S MAIDEN NAME	
15. WAS DEURASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Jes. no. or unknown) (11 yes. give war or dates of service)	Mrs. Rose Muraro 6727 Rot	into fire.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) : Illy reach	en infarction	1hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	lersis Gesilrakyes	7
stating the underlying cause last (c)	- Melections	36xx
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1,7
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
AL ACCULATION OF THE PROPERTY		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 149001	1952 to 2014 1955 that I last s	w the deceased
alive on	ADDRESS m., from the causes and on the date str	ated above.
gerharmozu mos	576 Beech dale	00013,415
23. BURIAL CREMATION DATE THEREOF NAME OF CENETES REMOVAL (Specify) Elc. 20-1955 Loudon	M. C.em. Balto.	mol.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physiciam: please write the causes of damth clearly and lemibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11705

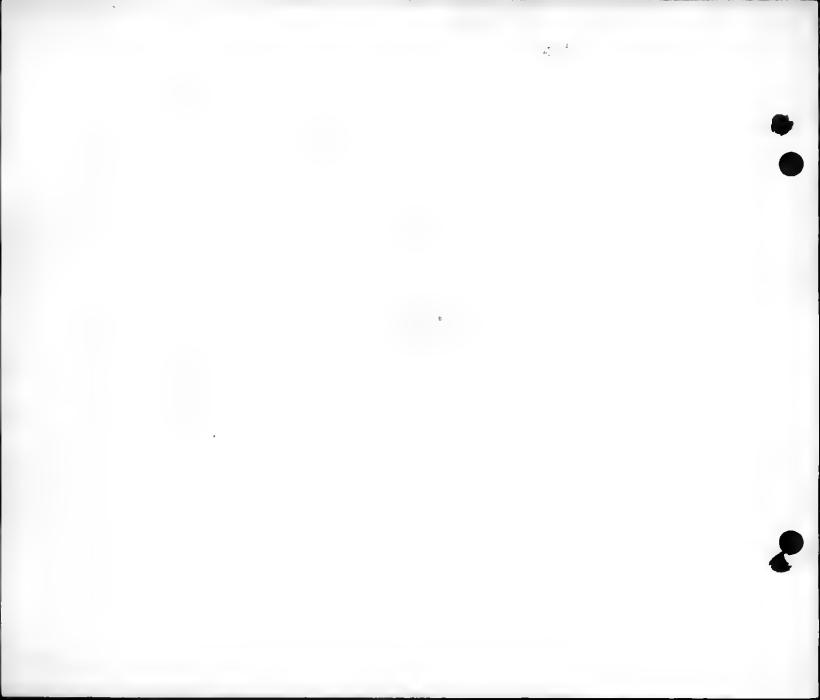
11706 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH		2. USUAL REBIDE	NCE (HOME) OF DEC	EASEU
COUNTY - 7 th nord	MARYLAND	STATE	COUNTY 5	Padet de texte
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corp.	orate fimils, write RURAL and	
OR and give neerest town)	(in this place)	OR TOWN Dank	imere	21/01
N N		STREET	(If rural give k	ocetion)
INSTITUTION OR CREDIT LLEGE IN		ADDRESS	mr	
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(C (Middle)	J 0000	4. DATE (Month)	
DECEASED	•	(Losi)	OF	- 1
(Type or Print) Llizabeth	H. Schmid	il	DEATH 100	/ 17
S. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, D	IVORCED		-	F UNDER 1 YEAR IF UNDER 24
emale (Specify)	le cent	t. 2.1899	56 yrs. "	lonths Doys Hours A
		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) TTON 0	PR INDUSTRY	3.171 000,	747	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Louis Schmidl				
	6. SOCIAL SECURITY NO.	Anna I 17, INFORMANT 8	ADDRES	
IYes, no, or unk.) [If Yes, give wer or detes of service]	ID. SOCIAL SECURITY NO.			
		Illing. Donot	hy Smith. 42	311 Colborne
4445 XIMMEDIATE CAUSE (A)	Ceretion	u premo	mage	12100
ANTECEDENT CAUSE(S) DUE TO	Les serleu	our Card	a Vascillo	. 44ro
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATING HAPPEN PINC CAUSE LAST DUE TO	177-01			
STATING UNDERLYING CAUSE LAST. DUE TO	//		_	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDING	OF OPERATION			20. AUTOPSY?
0 -				YES TO NO T
210. ACCIDENT WAS UNDERLYING 21b. PLACE [Ho				113 110
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street	me, farm, fectory, 2 office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 1 21d	office bldg., etc.)	21c. WHERE DID INJURY OCCU		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) Year) (Hour) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21 W	office bldg., etc.)			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21d. W. M. et	office bldg., etc.) INJURY OCCURRED Tile Not white work et work	211. HOW DID INJURY OCCU	R?	(County) (Slete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21. 22. I hereby certify that I attended the decoration of the decor	a. INJURY OCCURRED tile Not white work et work	216. HOW DID INJURY OCCU	ec. 1 , 19 5 5,	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21. 22. I hereby certify that I attended the decoration of the decor	office bldg., etc.) INJURY OCCURRED Tile Not white work et work	21f. HOW DID INJURY OCCU	ec. 1 , 19 5 5,	(County) (State) that I last saw the decea
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 2.1 M. et 22. I hereby certify that I attended the deco	a. INJURY OCCURRED tile Not white work et work	21f. HOW DID INJURY OCCU	R7 PC 1, 19 5 5, causes and on the date	(County) (State) that I last saw the decea
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21. M. at 22. I hereby certify that I attended the decealive on the contribution of th	a. INJURY OCCURRED tile Not white work et work	21f. HOW DID INJURY OCCU. 19.57, to All 2. A.M., from the ADD ADD ON I Wilkey	R7 PC 1, 19 5 5, causes and on the date	that I last saw the decea e stated above. tete) DATE SIGN 17-7-1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21. M. et 22. I hereby certify that I attended the decealive on the second of	a. INJURY OCCURRED a. INJURY OCCURRED work	216. HOW DID INJURY OCCU	ec. 1, 19 5.5, tauses and on the date RESS (Street) city, lown, a COCATION (City, town, o	that I last saw the decea e stated above. tete) DATE SIGN 17-7-1
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21d. W. M. et W. et W. M. et W. et W. M. et W.	a. INJURY OCCURRED Not white et work at that death occurred at NAME OF CEMETERY OR	21f. HOW DID INJURY OCCU. 19.57, to All 2. A.M., from the ADD ADD ON I Wilkey	causes and on the date (Street) city, lown, a COCATION (City, town, o	that I last saw the decea e stated above. thete) DATE SIGN (Siete) (Siete
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street (IF EITHER) OF INJURY stre	a. INJURY OCCURRED Not white et work at that death occurred at NAME OF CEMETERY OR	216. HOW DID INJURY OCCU	causes and on the date (Street) city, lown, a COCATION (City, town, o	that I last saw the decea e stated above. DATE SIGN (Siete)

is said from the said of

'S. A15



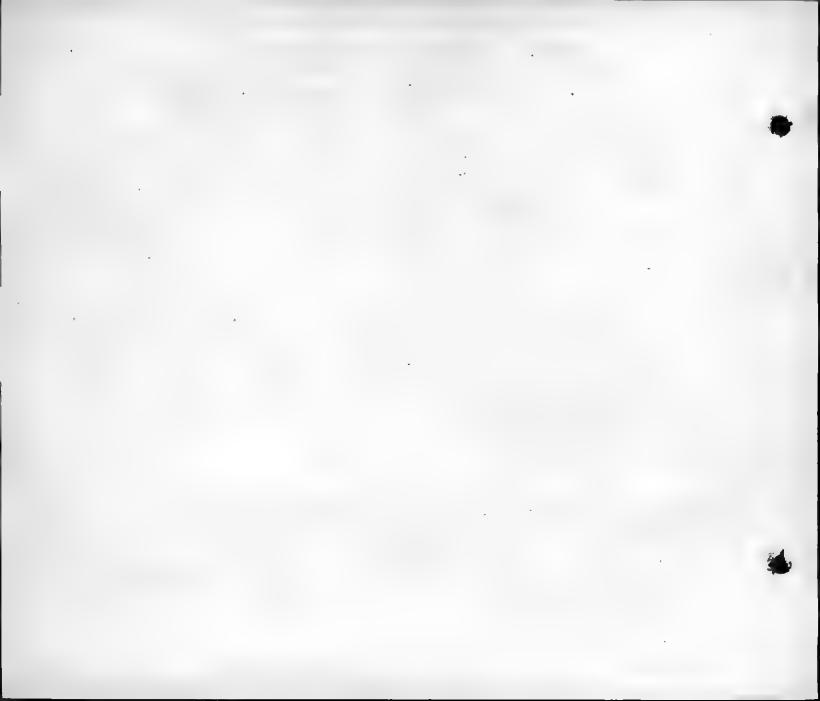
REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

REGISTRAR

FUNERAL DIRECTOR

ADDRESS





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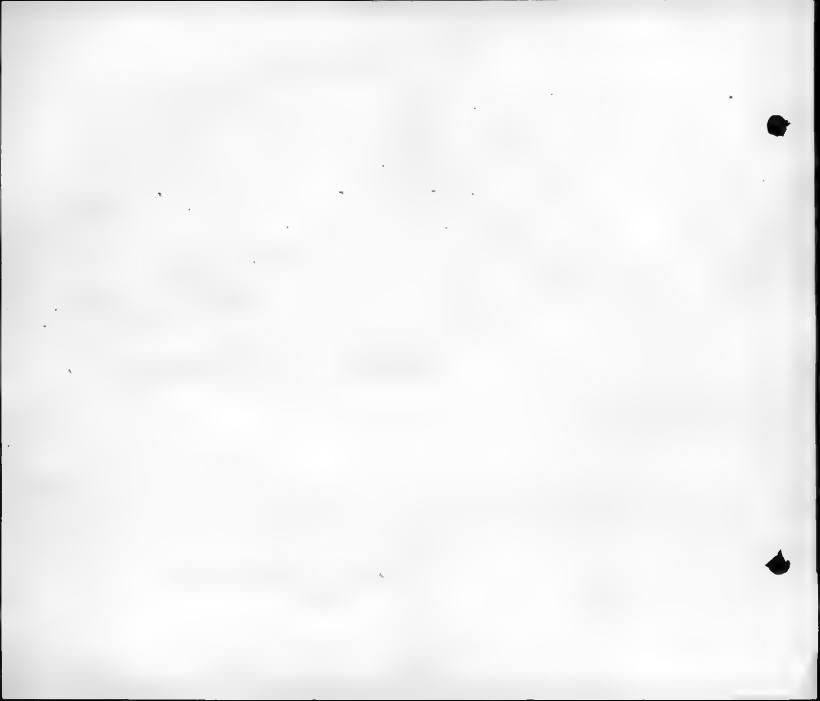
DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS



OBVEDER S NAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The CERTIFICATE OF DEATH Reg. Dist. No. Z. 2. DATE 1. NAME OF DECEASED 9.PJ P (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A Baltimore City, Maryland (If not in hospital or institution, give street address or location) clearl B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION death EE (3) (If rural, give location) Yrs. c. Length of stay in Baltimore causes of HIN THRI 9. AGE (In years) If Linder 1 Year 7, SINGLE, MARRIED B. DATE OF 6.COLOR OR RACE last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify OWE 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY the HOUSEWI 13. FATHER'S NAME MAIDEN NAME 00 please write 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service) NENT RECORD. BLUE-BLACK I CAUSE OF DEATH 10. 1 2 2 Y supplied Physicians:] BUREAU OF VITAL ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, THIS IS A PERMA PERMANENT BLACK OR injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. carefully s RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. se c. ш 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WILL WAS PERFORMED CAUSE OF DEATH, ENTER IN 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? E O OF INJURY NOT WHILE! OR ST hospital) attended the deceased from O ... LLC.L.m orma NO and that death occurred at 3.15... pm., from the causes and on the date stated above ATE 23s. ADDRESS 23c. DATE SIGNED 23A SIGNATURE f y item STAFF PHYS MED. GIRECTOR [ATTENDING PHYS. TO 24c, NANE OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA 248. DATE TION REMOVAL (Specify) Every CER1

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS



aux

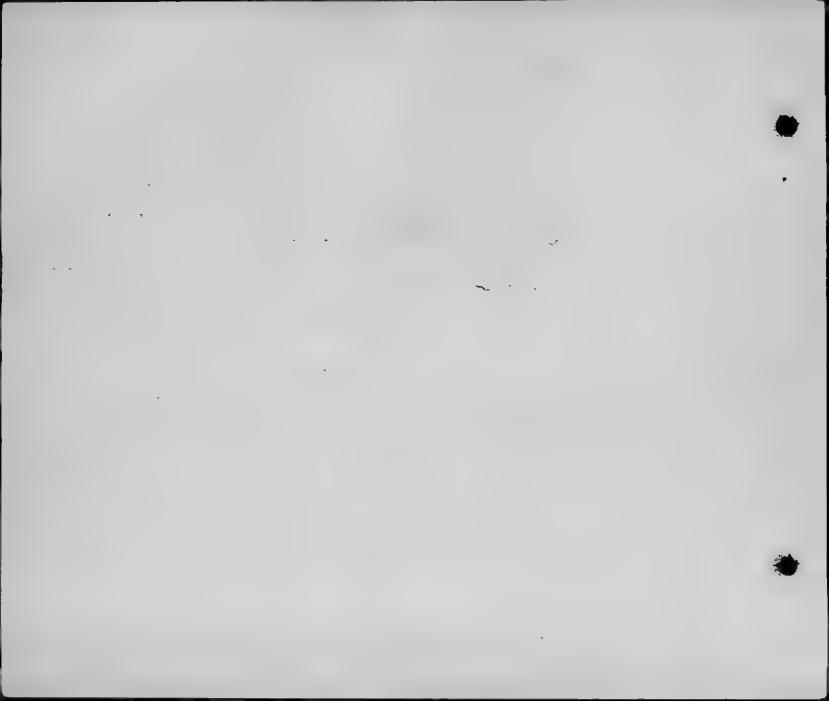
11713

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

leg. Dist. No. 30

0					P4
E	I. PLACE OF DEATH-	1	2. USUAL RESIDENCE	(HOME) OF DECEASED.	
1.	COUNTY Baltimore	MARYLAND	STATE Mary	rland county	Baltimore
	CITY (If outside corporate limits, write RURAL and L	ENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and giv	e nearest town)
carefull d legibly	OR give nearest town Catonsville	1 V T 4110	TOWN Baltimo		
leg	MOSPITAL OR		STREET	(If rural, give location)	V 10 4 3
nd	INSTITUTION OR Spring Grove State	Hospital	ADDRESS 3612	Edmonson Av.	1
z z	3. NAME OF (First) (M	iddle)	(Last)	4. DATE (Month)	(Day) (Year)
na	(Type or Print) Fannie Virg	inia	Snyder	DEATH Dec. 31.	1955 19
ori	5. SEX 6. COLOR OR RACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If under	1 year H under 24 hrs.
every item of information careful e causes of death clearly and legibl	Female White Winds	DWCQVORCED,	Mar. 10, 1867	88 West Months	Days Hours Mla.
lea lea	10a. USUAL OCCUPATION (Give kind of work 10b. Kini	OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country) 12	CITIZEN OF WHAT
E	done during most of working life, even if retired) INDUSTRY	$H \cdot W \cdot \Box$	Maryla	and '	COUNTRYS
ite es o	3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
ry	nchonald that our			tent tenn	
ca	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCI (Yes, no, or unknown) (If yes, give war or dates of	AL SECURITY No.	17. INFORMANT AND		
the	service)		Records: Spri	ing Grove State Ho	spital
25		18. MEDICAL CEI	RTIFICATION		1
Suppl	1. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
e e	4 .1	A	7 + /	.0	CHEST MILE STATE
NK. please	Immediate cause (a)	your !	reace of.	active.	97-000 64 84 84 84 64 64 64 64 64 64 64 64 64 64 64 64 64
	Antecedent cause(s)		0 pml p	andi vare	
B G	Diseases or conditions, if any, (b)	in scl	ender C	ander Vase	lele-
Cia l	giving rise to the above cause stating the underlying cause last	1			
AD	(r)	disea	2		
UNFADING t, Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
5.	related to the disease or condition causing death.				
H E	19n, DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
T to	<u></u>				Yes 🕾 No 🖫
WIT	PRIMARY OR CONTRIBUTING [] OF office blds	farm, factory, street,	(CITY OR	TOWN) (COUNTY)	(STATE)
>- >= -	TIME (Month) (Day) (Year) (Hour) INJURY	OCCURRED	HOW DID INJURY OF	201104	
AINI	OF While at	Not while	HOW DID INVURT OF	CORI	
Pec l	INJURY m. work [at work	<u> </u>		
물리	22. I certify that I took charge of the remains describ	ed abons, held an A	utopsy . Inspection .	Inquiry . Thereon and	from the evidence
E *	obtrined by said Autopsy, Inspection or Inquiry,	find that said decea	ised died on the day stat	ed above, and death in my	opinion resulted
=	from: natural causes & accident , suicide SIGNATURE (D	egrep or title) /	ADDRESS /	₩	DATE/SIGNED
2	Cold Alloway 1	ne 10 NOO.	evile et	· · · · · · · · · · · · · · · · · · ·	DELETSIGNED
=	sel 1 to the men !	MIC SIL	man Bullet.	1010 Keedles	22 31,65
G. 1		WIE OF CEMETER	TY OF CREMATORY	LOCATION (City, town, or count	y) (State)
40	Buris Jan 3/56	audor	1 0%.	, Dalto. on	
- 1	DATE 19.C'D BY LOCAL REGISTRAR'S SIGNATUR	E .	24, FUNERAL DIRECT	OF A	ADDRESS
	3-56		Herry	N wilske 410	31 Gdmondan

MARGIN RESERVED FOR BINDING



VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11714 CERTIFICATE OF DEATH

11713

Reg. Dist. No. 33

1. PLACE OF DEATH				
		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
county Baltimore	MARYLAND	STATE Maryla	nd county Balti	more
CITY (If outside corporale limits, write RURAL	LENGTH OF STAY	CITY (if outside con	orate limits, write RURAL and give nea	rest town)
or and give nearest town. Town Parkton (rural)	(in this place)	OR .	4	
	omos.	TOWN Parkt	on (rural)k
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giva location)	
street ADDRESS Pretty Boy Dam Rd.	•	Pret	ty Boy Dam Rd.	
3. NAME OF (First) (A	Aiddle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED			OF	1
(Type or Print) John	Sny	der	DEATH 12-17-	55 ₁₉
5. SEX 6. COLOR OR 7. SINGLE, MARRIED), 8. DATE	OF BIRTH	9. AGE last birthday IF UNDER	I YEAR JIF UNDER 24 HRS.
male white (Specify) mars	RCED,	16 1015	14 4	Days Hours Min.
male white (Specify) mar	ried p	-16-1915	40 yrs. Months	
10s. USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or for	aign country)	2. CITIZEN OF WHAT
dona during most of working life, even if ratired) mechanic Int.	Moustry Warvester	Pennsylvan:	ia	COUNTRY? S.A.
	ALET AED CET	T Childy 2 vali		O. D.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Edgar F. Snyder		Allie Kl	ingerman	
1	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yas, no, or unk.) (If Yas, give war or dates of service)	17-07-3375	Mrs. Eliz	. Snyder , Parkto	n Md
			Dily del , laine	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1111		1	
4 MMEDIATE CAUSE (A)	o war	m Murve	eleter	4 days
ANTECEDENT CAUSE(S) DUE TO		Λ		/ /
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE				*
STATING CHEEKETHING CAGE EAST.				
(C)				
STATING CHEEKETHING CAGE EAST.				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	OF OPERATION			20. AUTOPSY?
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	OF OPERATION			20. AUTOPSY? YES NO
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	farm, factory,	21c. WHERE DID INJURY OCC	UR? (City or town) (Cour	YES NO G
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS CO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, fice bldg., etc.)			YES NO G
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a.	farm, factory, fice bldg., etc.)	21c. WHERE DID INJURY OCC		YES NO G
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, fice bidg., etc.)			YES NO G
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION TPb. MAJOR FINDINGS OF 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AND White All wor	farm, factory, fice bldg., etc.) INJURY OCCURRED Not while at work	21f. HOW DID INJURY OCC	UR?	YES NO G
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OF INJURY Street, off (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)	farm, factory, fice bidg., etc.) INJURY OCCURRED Not while al work, ed from 12/12/	21f. HOW DID INJURY OCC	UR? 19.5-1, that I	YES NO (State)
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21b. ACCIDENT WAS UNDERLYING OF INJURY Street, of	farm, factory, fice bidg., etc.) INJURY OCCURRED Not while al work, ed from 12/12/	21f. HOW DID INJURY OCC	causes and on the date state	YES NO (Stata) Isst saw the deceased ad above.
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21s. M. While M. 22. I hereby certify that 1 attended the decease	farm, factory, fice bidg., etc.) INJURY OCCURRED Not while al work, ed from 12/12/	21f. HOW DID INJURY OCC	UR? 19.5-1, that I	YES NO (State)
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21b. ACCIDENT WAS UNDERLYING OF INJURY Street, of	farm, factory, fice bidg., etc.) INJURY OCCURRED Not while al work, ed from 12/12/	21f. HOW DID INJURY OCC	causes and on the date state	YES NO (Stata) Isst saw the deceased ad above.
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) M. White all wor 22. I hereby certify that I attended the decease alive on 216, 35, 19, and SIGNATURE.	farm, factory, fice bidg., etc.) NJURY OCCURRED Not while at work at work and from 12/12/1 that death occurred a	21. HOW DID INJURY OCC 1. 19 to 1. 19	causes and on the date state ORESS (Street, city, town, stata)	I last saw the deceased ad above. DATE SIGNED
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR SINDINGS OF 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21b. M. White Mile of Injury (Month) (Day) (Yaar) (Hour) 21b. M. White SIGNATURE 23. BURIAL CREATION, DATE THEREOF	farm, factory, fice bldg., etc.) INJURY OCCURRED Not while al work, all work. The from 12/1/2/1 that death occurred all which all work with the factor of	21. HOW DID INJURY OCC 1. 19 to to the ADE R CREMATORY	causes and on the date state ORESS (Street, city, town, stata) LOCATION (City, town, or county	YES NO
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) A. While alive on 12d (153) 19 and SIGNATURE	farm, factory, fice bldg., etc.) INJURY OCCURRED Not while all work. all work. that death occurred and the control of the c	21. HOW DID INJURY OCC 1. 19 to to the ADE R CREMATORY	causes and on the date state ORESS (Street, city, town, stata)	YES NO
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR SINDINGS OF 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21b. M. White Mile of Injury (Month) (Day) (Yaar) (Hour) 21b. M. White SIGNATURE 23. BURIAL CREATION, DATE THEREOF	farm, factory, fice bldg., etc.) INJURY OCCURRED Not while al work, all work. The from 12/1/2/1 that death occurred all which all work with the factor of	21. HOW DID INJURY OCC 1. 19 to to the ADE R CREMATORY	causes and on the date state of the course o	I last saw the deceased above. DATE SIGNED (State) (State) Md. ADDRESS

SELVEL SEELVE

11714

[Year]

10 0

HE UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO T

(Stata)

YES T

ADDRESS

CITIZEN OF WHAT

COUNTRY?

(Dav)

Z V UL

Saul

MART IN

Elibey.

SS61 ∩≈ 03C

BRUEINEID

HSTRUCTIONS

CERTIFICATE OF DEATH 11717

37 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Pal (1)11810 MARYLAND	STATE Mig restaud COUNTY
CITY (I) outside corporete limits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town) OR
OR end give neerest town) TOWN CO CLEVOUTILE (in this place)	TOWN HOUSE JAKES
HOSPITAL OR	STREET (Il rurel give location)
STREET ADDRESS Margarice Home of Mid.	ADDRESS 5.34 Summit Cine
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) (Lucialis) Trank	Sparr DEATH (CIC. 20 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
Male 1, to (Specify) 113 it was Dept	f 11 1273 22 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS /	11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY.	Waster Trees Sich COUNTRYS 17.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Spahr	mary Black.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Trang & Muster fi - wearyrouse
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	tie Carlo marginer distriction
1 / IMMEDIATE CAUSE (A) (V71040-2010-E	ac Como as llate and the tory
ANTECEDENT CAUSE(S) DUE TO	<i>∨</i>
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, Iarm, Tectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Tic. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUR?
M. el work el work	
22. I hereby certify that I attended the deceased from 4 C 1.3	19.53., to Dac 20, 19.55, that I last saw the deceased
alive on 19.55, and that death occurred at	
SIGNATURE / / / / / /	ADDRESS (Street, city, town, stets) DATE SIGNED
Malau 11 - M.D.	(acceptable 10/20/5%-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county) (Slete)
Burial Dec. 23, 1955 Rest Mayer	
REGISTRAR'S SIGNATURE	1 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE MAN Rock	Wildiam Cook Inc 1217 St. Paul Street.
TO TO TO THE MEAN	

Entiting & &

OF AUTOFICE

4 hours after death,

I. PLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be datached for use as a burial transit permit.

A15C 1-55 10M

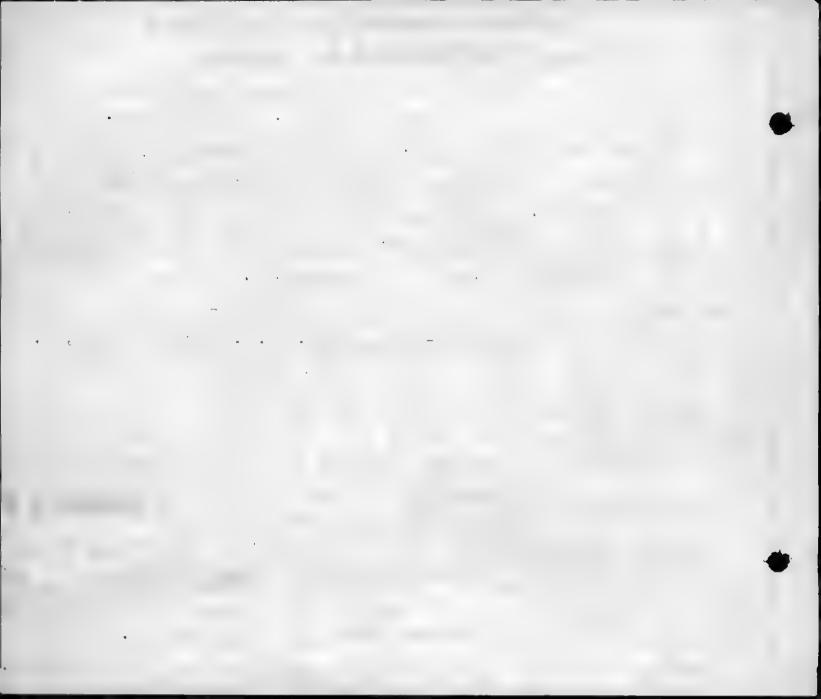
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11719 CERTIFICATE OF DEATH

11718

Reg.	Dist.	No	40
DECE	ASED	-	

		A. OJOAC RESIDE	NCE (HOME) OF DECEASE	
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY Ballto	0.
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (In this place)	CITY (if outside corp	orate limits, write RURAL and give nee	orest town)
X TOWN White Marsh	27 yrs.		Marsh	₩.
HOSPITAL OR		STREET	(If rurel give location)	
INSTITUTION OR Bird River	Road	ADDRESS BOX 7	1, Bird River Ro	ad ?
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
DECEASED		,	OF	
AOOMLII 6. DT	ELE, MARRIED. 8. DATE (De BIDTU (ber 22, 1955
RACE WIDO	OWED, DIVORCED,		9. AGE lest birthdey IF UNDER	Doys Hours Min.
		6, 1905	50 yrs.	Days Hours Will.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 1	2. CITIZEN OF WHAT
retired) Foreman	Florist	Baltimore, Md		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0035
Andrew Stefan		Elizabeth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detes of servi	^(a) 215-07-9893	Mag Tog	J. Stefan, White	Manch Md
110	18. MEDICAL CEI		o. Dueran, milite	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH		1	ONSET AND DEATH
42 1 IMMEDIATE CAUSE (A)	Co-182	with or	clusion	10 class
ANTECEDENT CAUSE(S) DUE TO	19-1	,1	,	
DISEASES OR CONDITIONS, IF ANY, (B)	UTVI	s mreu	uouce_	
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.		and the same of th		
190. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING 21b. PL	ACE (Home for the	21- WHERE DID INTERNA OCCU	ID 3. (C)	YES NO
	ACE (Home, ferm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town) (Cou	nty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Ho	our) 216. INJURY OCCURRED	21f. HOW DID INJURY OCCU	JR?	
	M. el work et work	11	(0/	
22. I hereby spitify that Pattended		11 10 VJ 10 Cl	CCXI 10 VJ Have	lost care the descript
alive on alle 18 19 JJ				
SIGNATURE	, and that death occurred a		causes and on the date state RESS (Street, city, town, state)	DATE SIGNED
27/	Ly			DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	M. D.	CREMATORY	LOCATION (City, town, or county	/) (State)
REMOVAL (SPECIFY)				(5.5.5)
burial 12/26/5 24. REC'D BY REGISTRAR REGISTRAR'S SI		25. FUNERAL DIRECTOR'S	Baltimore, Md.	ADDRESS
	MI I	25. FUNERAL DIRECTOR'S		ADDRESS
DATE / 2 -2 7, 1955 0/21	The otering and	16 1 8 .	-trees of Hann	The Follow D



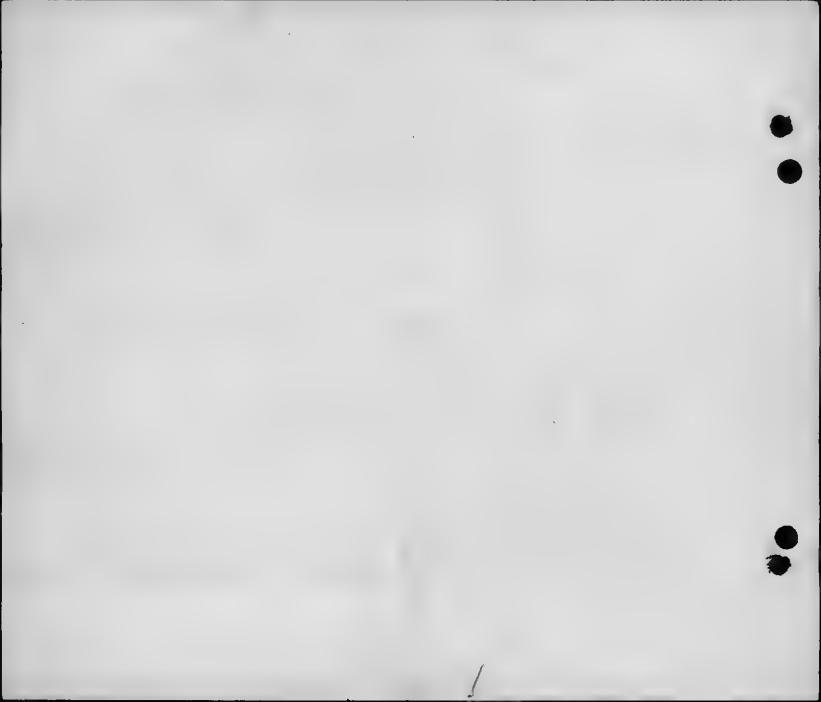
2411 N. Charles Street, Baltimere CERTIFICATE OF DEATH

OBITION	Reg. Dist. No	***************************************
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
13 alteriore MARYLAND	Maryland	Baltimas
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Note & eliff was lowson	TOWN Notel Cliff near Towson	X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS VIPPA Maria Slewarm Rd	ADDRESS Glenarm Rd	
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sister Mary Barnaba Stein	mets OF DEATH Accember	10- 1955
E EFY A COLOR OF PACE 12 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under	year ilf under 24 hra.
Focuse Wilde Widowed, Divorced, (Specify) Single	1 400.18 1862 93 yrs. Minths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY IRELIGIOUS	Philadelbhia Pa	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-4-17-1
Max Steinmetz	Therese Thoneman	
15. WAS DECRATED EVER IN U.S. ARMED FORCES? 4 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (1f yes, give war ur dates of service)	Sr. Hary Clara Notel Cliff +	1d.
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATS
1 h 1 h	A 1 1	WHAT RIVE DEATH
Immediate cause (a) / Cupliered (ex	ophaseal varix	Seeddon
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause just (c)	Erferic Sclerosis	15 yes
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Nut While INJURY m, Work At work		
22. I hereby certify that I attended the deceased from Oct. 2.6		
Ellow TOW ountly with	7501 YORK RD.	12-10-53
REMOVAL (Specify) L 12-12-55 VILLA M.	ARIA CEM NOTCH CLIFF	NRTOWSER
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. TUNERAL DIRECTOR 1 9015; Co	N KLINGS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING MARGIN RESERVED FOR

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 opy of 11721 CERTIFICATE OF DEATH death. Rea. Dist. No..... <u>ը</u> after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Baltimore COUNTY Wicomico COUNTY MARYLAND hours 72 hours LENGTH OF STAY (If outside corporete limits, write RURAL end give negrest town) (If outside corporate limits, write RURAL and give neerest town) (in this place) X TOWN TOWN 65 Days Fort Howard Salisbury STREET HOSPITAL OR (If rural give location) INSTITUTION OR ADDRESS street AdoressVeterans Administration Hospital within Route #1 (First) (Middle) (Lest) 4. DATE (Month) 3. NAME OF (Year) DECEASED registrar by the f (Type or Print) DEATH December STEMPEL JOHN 19 55 5. SEX 6. COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthdey IF LINDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Hours (Specify) White Married 5-30-90 Male 2.5 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY COUNTRY? retired) Salesman Prospectville, Pennsylvania S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cumpletely. George Stempel Annie F. Mullin å 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate Mes, no, or unit (Il Yes, give wer or dates of service) Clin.Rec., Vet. Adm. Hosp., Ft. Howard, Md. 219-01-73/17 Yes and 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH or attending physican THROMBOSIS RIGHT CORONARY ARTERY WITH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) XPUXXXX RECENT THEARCTION OF LEFT VENTRICLE requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. attending p hospital DUE TO deminind II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE by the the DISEASE OR CONDITION CAUSING DEATH, 198, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? þ 로 라 호 · YES 🖅 NO copy may be retained 218. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, lactory, OF INJURY street, office bldg., etc.) 21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stete) FUNERAL DIRECTOR: The executed OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21J. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dev) (Year) (Hour) While Not while at work at work certifical all was and on the date stated above. ADDRESS (Street, city, town, state) SIGNATURE DATE SIGNED Certificate M.D. VAH, FORT HOWARD, MARYLAND D. Donald D. Mark. NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) 23. BURIAL CREMATION. DATE THEREOF (State) REMOVAL (SPECIFY) Parsons Cemeterv Salisbury, Maryland Burial 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE ADDRESS Md. 40 40 1455 Hill and Johnson Wh.Cook-Blight, Inc., 60 Funeral Home, E. Main Street, Salisbury, Md. Wh. Cook-Blight, Inc. 6009 Harford R., Balto. Released at Baltimore, Md.

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item of information every Supply UNFADING WRITE 0,53 TYPPLEASE

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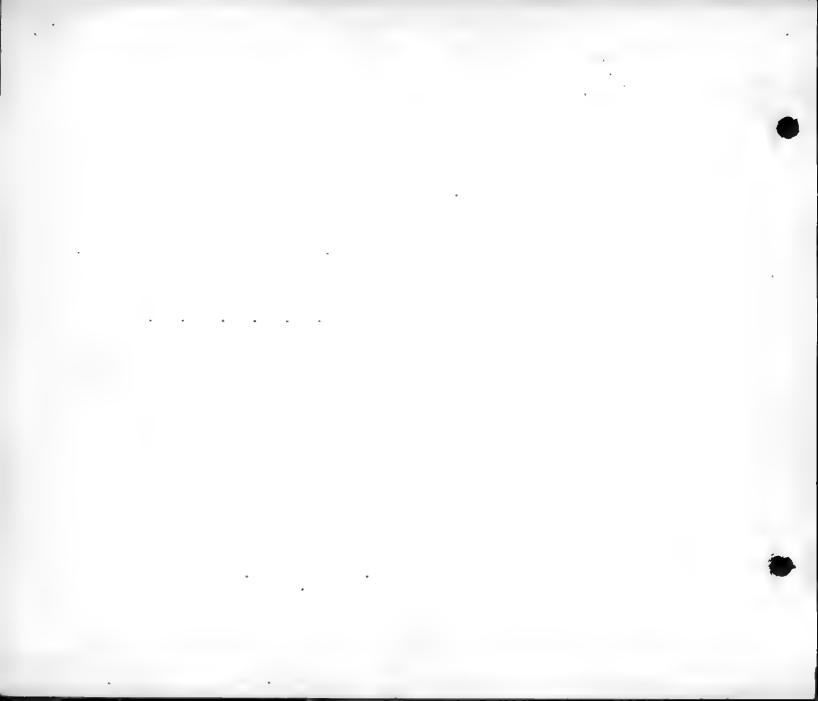
Se

TOWN

5. SEX:

Male

OF INJURY



W.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11722

11723 CERTIFICATE OF DEATH

Reg. Dist. No. 5.

- 1	I. PEACE OF DEATH		2. UBUAL RESIDEN	ICE (HOME) OF DECEMBER	9
	COUNTY Baltimore	MARYLAND	STATE YMO	COUNTY BA	140
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (if outside corpo	rale limits, write RURAL end give nee	rest lown)
	X TOWN CECKEUS ville	Tycur		ress ville	
	HOSPITAL OR		STREET	(If rural give location)	
	STREET ADDRESS B. 1+t. County	Home	ADDRESS		
П		Aiddle)	(Last)	4. DATE (Month)	(Day) (Year)
	(Type or Print) W 11 0 12	St.	or m	DEATH Dec	12 1055
- 1	5. SEX 6. COLOR OR 7. SINGLE, MARRIED	8. DATE OF	BIRTH	9. AGE last birthdey IF UNDER	1 YEAR IF UNDER 24 HRS.
	Vale White (Specify) Sim	10/2 Jun	27/573	52 yrs. Months	Days Hours Min.
		OF BUSINESS 1 NDUSTRY	1. BIRTHPLACE (State or forei		. CITIZEN OF WHAT
-	retired Exandening Ru	insu.	I Ennsylv.	-11/60	12 S 12
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
-	Jevenich Sturm		4404	Wilf	
ı		SOCIAL SECURITY NO.	17. INFORMANT & A		4
	(Yes, no, or unk.) (If Yes, give war or detes of service)	3-10-4026	19 10 1 /A.	C. Home ile	cords
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	IFICATION		INTERVAL BETWEEN ONSET AND DEATH
ŀ	* IMMEDIATE CAUSE (A)	teria sele	1-770 Ca	Irdia - Vascula	L 40.75
1	ANTECEDENT CAUSE(S) DUE TO				
4	DISEASES OR CONDITIONS, IF ANY, (B)			disense	
-1	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
ı	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH	F OPERATION			20. AUTOPSY?
					YES NO
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	ferm, factory, 21 (ice bidg., etc.)	c. WHERE DID INJURY OCCUR	(Coun	ty) (Stete)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Il While		If. HOW DID INJURY OCCUP	R7	
	M. et wor	k et work			
1	22. I hereby certify that I attended the decease	ed from. J. C. ?	19.3 J. 10 Ale	, 19.3.5., that 1	last saw the deceased
	alive on 52 2 4, 19 5 5 , and t	that death occurred at .			d above.
§	SIGNATURE BUTH B Shinil	1 1	Cockeyson	RESS (Street, city, town, state)	DATE SIGNED
ģ	23. BURIAL, CREMATION. DATE THEREOF	M. D. NAME OF CEMETERY OR C			12/12/55
٥	REMOVAL (SPECIPY)	NAME OF CEMETERS OF C	DI TI I I	LOCATION (City, towns or county	Mark (Stele)
۲	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	JESSETHS 1	allocas	Afficely	elle.
٦	24. REC D BT REGISTRAK REGISTRAK'S SIGNATURE	7. 1 t	25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS DI
1	DATE / 1/2/03 000 / 4. John	Maria	TI COL	Mrcon A	Milly Ill.

deci o.

11724

2411 N. Charles Street, Baltimore

11723

CERTIFICATE OF DEATH

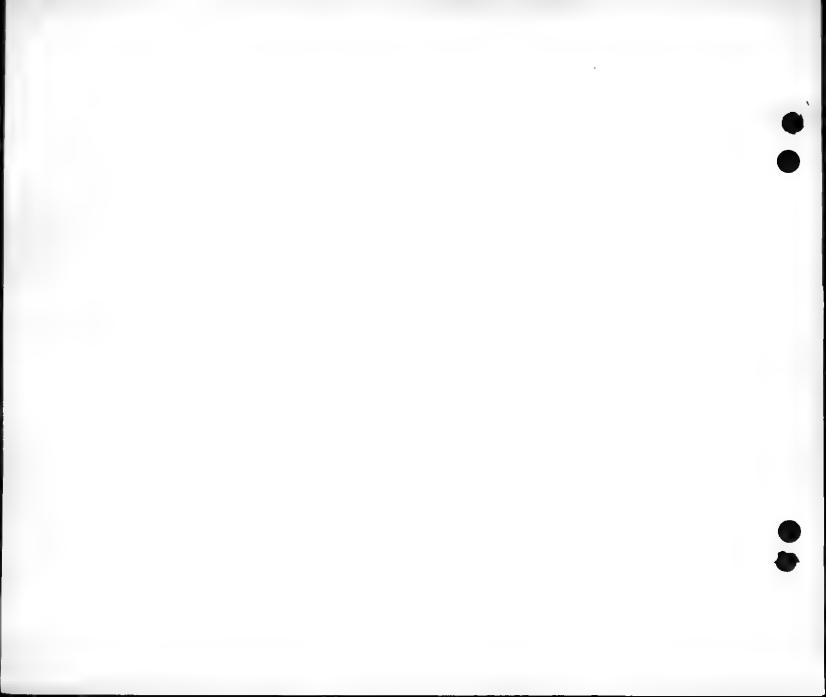
Reg. Dist. No.

0			
The	1. PLACE OF DEATH. COUNTY Balling MARYLAND	2 USUAL RESIDENCE (HOME) OF DECEASED-	Ballo.
fully.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Lifewille 3 (in this place)	OR TOWN There'll 8	re nearest town)
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR GII Reisterstown Pour	STREET 6/1 Restriction (Structure Continue)	ad 1
nation arly a	8. NAME OF (First) DECEASED (Type or Print) Charles Willert Sur	Clivar DATE (Month) DEATH DE	(Day) (Year) /8 19 58
infort th cle	6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under DOCT, 1903 5 2 yrs. Months	1 year If under 24 hrs. Days Hours Min.
n of f deat	10a, USUAL OCCUPATION (Give kind of work) dono during nost of working life, even if retired) 10b. Kind of Business or INDUSTRY UNDUSTRY UNDUSTR	11. BIRTHPLACE (State or foreign country) Lancon, Mc	COUNTRY? U Sa.
y iter	James Horatio Sullivan	Many Rogero	
Supply every item write the causes of	Y. WAS DECEMBER EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknows) (If yes, give war or dates of service)	for Charles W. Lullian	n
Supply vrite	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
INK.	400 Immediate cause (a) Subarack	wind Lewanhage	*** *** ** *** *** ***** *****
G IN	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	lic CVP	9 35 5 50 022222 52 FFFEEE
VDIN rsicial	stating the underlying cause last (c)		
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
WITH 1 aportant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
, WI impo	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·
PLA is espe	_ ^	, 1955, to 18 Dec., 1955, that I last s	
RITE	alive on 1955, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
	Aseac N. Welliams M. D. V. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS
PL	REG. So D All Jedin	John I. Stansbury - 6411 Windsor	4
- 1	1)1722		

7S. A15

The correct age

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

orrec	MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.	31
0	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	1
The	COUNTY Dalto, MARYLAND STATE Ind. COUNTY Balto.	
carefully. and legib	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits write RURAL and give OR TOWN TOWN CITY (If outside corporate limits write RURAL and give OR TOWN)	nearest town)
	HOSPITAL OR INSTITUTION OR 3653 County for ADDRESS 3653 County of the ADDRE	1 1
information leath clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (DECEASED: OF DEATH D	(Year) 19じら
inford death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR 1	Hours Min-
item of ses of d		ZEN OF WHAT NTRY?
ite	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	,
cau	Yos. Tombura Rosa Broca to.	
ply eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war on dates of service) of the first of the service) of the first of the service of the first of the service of the s	
INK. Suppl please write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	SET AND DEATH
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b)	5 /y/1/2
A S	stating underlying cause last (c) corroliac becompensalion	2 1724
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	O mire
WITH ortant.		AUTOPSY?
Nort	Trone. Trone.	Yes No M
LY, WITH important.	PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.	(State)
E PLAINLY especially in	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF While at Work 2	
144	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection &, Inq	uiry 🔀, and
WRITE ge is es	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermine SIGNATURE CHIEF MEDICAL EXAMINER D.	ed cause ATE SIGNED
W.R.	M. D. DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Z-Z-755
SE E	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL DEC. 5. 1955 New Cathedral Baltimore. Ma ryla	
LEA	Burial Dec. 5, 1955 New Cathodral Baltimore, Ma ryla DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. MILITARY SIGNATURE	ADDRESS

Armacost

4600

VS. A15A - 5 - 53 PLEASE

MARGIN RESERVED FOR BINDING



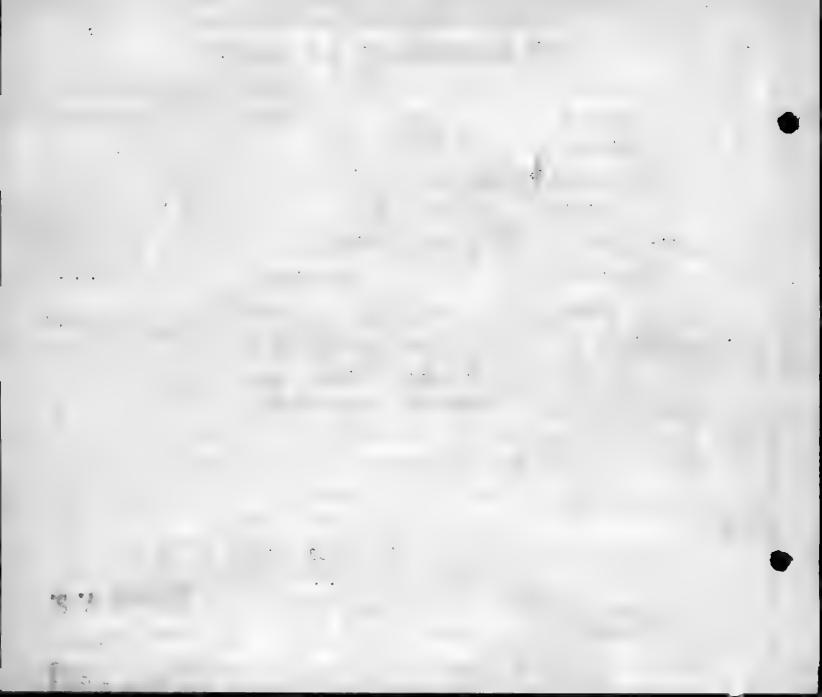
certificate be executed within 2

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11726 CERTIFICATE OF DEATH 11725

1. PLACE OF DEATH			2. USUAL RESI	DENCE (HOME) OF	DECEASI	ED	
COUNTY Baltimore	MARY	LAND	STATE Mar	vland coun	TY A ==	e Ar	Ishur
CITY (If outside comporate limits, write RL and give newest town)			CITY (If outside a	corporete limits, write RUR.		erest town	200
5 OR and give newest town	(In this	ears	OR TOWN				0.5x
HOSPITAL OR	1741		STREET	(If rure	l give location)	U. an .
UNSTITUTION OR STREET ADDRESS Spring Gr	eve Hespital		ADDRESS				
3. NAME OF (First) DECEASED	(Mid dla)		(Lost)	4. DATE	Month)	(Dey)	(Year)
(Type or Print) William	Richard	Thom	IDSOR.	OF DEATH	12	2	ı» 55
5. SEX 6. COLOR OR 7.	SINGLE, MARRIED.	8. DATE		9. AGE lest birthday	IF UNDI	R 1 YEAR	IF UNDER 24 HR
Male White	WIDOWED, DIVORCED, (Specify) Single	3.0	378	77	Months	Deys	Hours Min.
10s, USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or		rrs.	In CITIZE	N OF WHAT
done during most of working fife, even it	F OR INDUSTRY					COUN	ITRY?
relired) Laundry work 13. FATHER'S NAME			Marylan			U.S	3.A.
is. PAINER'S NAME			14. MOTHER'S MAII	DEN NAME			
Unknown			Um	knom			
1S. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no, or unk.) [If Yes, give wer or dates		CURITY NO.	17. INFORMANT	& ADDRESS	Ba	ltim	ere, 28
Unknown	or service)						
1			Spring	Greve Hospit	tal Rec	er de-	-
I DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH A) Acute Ca		rtification of lure	Greve Hospi		INTE	RVAL BETWEEN SET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE	A) Acute Care to Generalize	rdiae F	rtification of lure	ental Illner		INTE	RYAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (6)	A) Acute Ca E TO B) Generalize E TO	rdiae F	rtification			INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE	A) Acute Care to Generalize E TO GO	rdiae F	rtification			INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD AMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. M.	A) Acute Care to Generalize E TO GO	rdiae F d arter	rtification			INTE ON:	RYAL BETWEEN SET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MC 21a. ACCIDENT WAS UNDERLYING 1 2 21b. ACCIDENT WAS UNDERLYING 1 2 21c. ACCIDENT W	A) Acute Ca E TO B) Generalize E TO C) BUTING	d arter	rtification	entel [line:	B-8	INTE ON:	RVAL BITWEEN SET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEAD AMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. DATE OF OPERATION CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OUT CONTRIBUTING CAUSE OF DEATH	A) ACUTE CA E TO B) GCROPALIZE E TO C) BUTING AAJOR FINDINGS OF OPERATION (1b. PLACE [Home, farm, fector) FINJURY street, office bidg., et	d arter	RTIFICATION Prieselerosis	catel [line]	B-8	INTE ON:	RYAL BITWEEN SET AND DEATH D. AUTOPSY? NO
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE ANTECEDENT CAUSE(S) DUE ANTECEDENT CAUSE(S) DUE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO THE SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 190. DATE OF OPERATION 19b. M 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	A) Acute Ca E TO (B) Generalize E TO C) BUTING AAJOR FINDINGS OF OPERATION (The PLACE (Home, farm, fector) FINJURY street, office bidg., et er) (Hour) 21s. INJURY OCC While N	d arter	Prieselerosis 21c. WHERE DID INJURY O	catel [line]	B-8	INTE ON:	RVAL BETWEEN SET AND DEATH D. AUTOPSY? NO
I DISEASES OR CONDITIONS DIRECTLY LEAD ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 190. DATE OF OPERATION 199b. M CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY (Monih) (Doy) (Yac	A) Acute Ca E TO (B) GENERALIZE E TO C) BUTING AAJOR FINDINGS OF OPERATION (The PLACE (Home, farm, fector) FINJURY street, office bidg., et Br) (Hour) 21s. INJURY ON While M. at work a	d arter	Tieselerosis 21c. WHERE DID INJURY O	CCUR? (City or town)	\$ 8 {Co	INTE ON:	D. AUTOPSY? NO (Siete)
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. M 21a. ACCIDENT WAS UNDERLYING 1 2 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Day) (Yac	A) Acute Ca TO BITING AAJOR FINDINGS OF OPERATION This PLACE (Home, farm, fector of Indiany street, office bidg., et al. (White M. at work at wor	d arter	21c. WHERE DID INJURY O	CCUR? (City or town) CCUR? 2/2	(Co.	INTE ON:	D. AUTOPSY? NO (Siete)
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. DATE OF OPERATION CIFE EITHER, NOTIFY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING CIFE EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Doy) (Yac 22. 1 hereby certify that I attention alive on 12/2 19.5	A) Acute Ca E TO B) Generalize E TO C) BUTING TAJOR FINDINGS OF OPERATION TAJOR FINDINGS OPERATION TAJOR FININGS OPERATION TAJOR FINDINGS OPERATION TAJOR FININGS OPERATI	d arter	21c. WHERE DID INJURY O	CCUR? (City or town) CCUR? 2/2	(Con	INTE ON:	D. AUTOPSY? NO (Stete) w the decease e.
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I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI	ACUTE CA ACUTE CA TO GENERALIZE TO GENERALIZE TO GO	d arter	21c. WHERE DID INJURY O	CCUR? (City or town) CCUR? 2/2	55, that is date stat town, stata)	INTE ON:	D. AUTOPSY? NO (State) w the deceased
I DISEASES OR CONDITIONS DIRECTLY LEAD IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19e. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yee 22. 1 hereby certify that I attentalized on 12/2 12/2 11/2 11/2 11/2 11/2 11/2 11/	A) Acute Ca E TO B) Generalize E TO C) BUTING MAJOR FINDINGS OF OPERATIO The PLACE (Home, form, fecto FINJURY street, office bidg., et White M. at work at work at work at work at work at work at work. M. and that death HEREOF NAME OF	d arter	21c. WHERE DID INJURY O	CCUR? (City or town) CCUR? 2/2	(Control of the state of the st	INTE ON:	D. AUTOPSY? NO (State) w the deceased e. DATE BIGNET



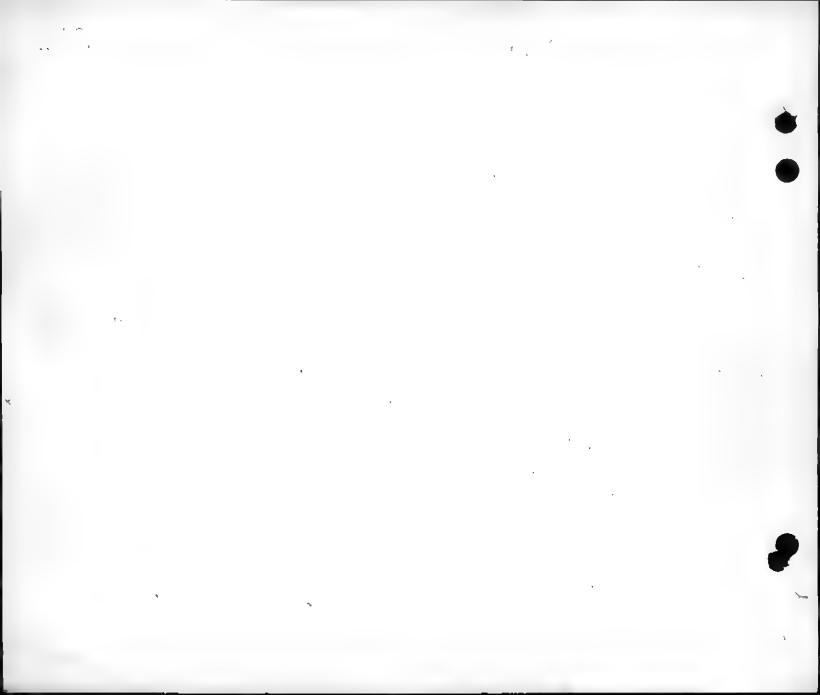
DATE REC'D BY LOCAL

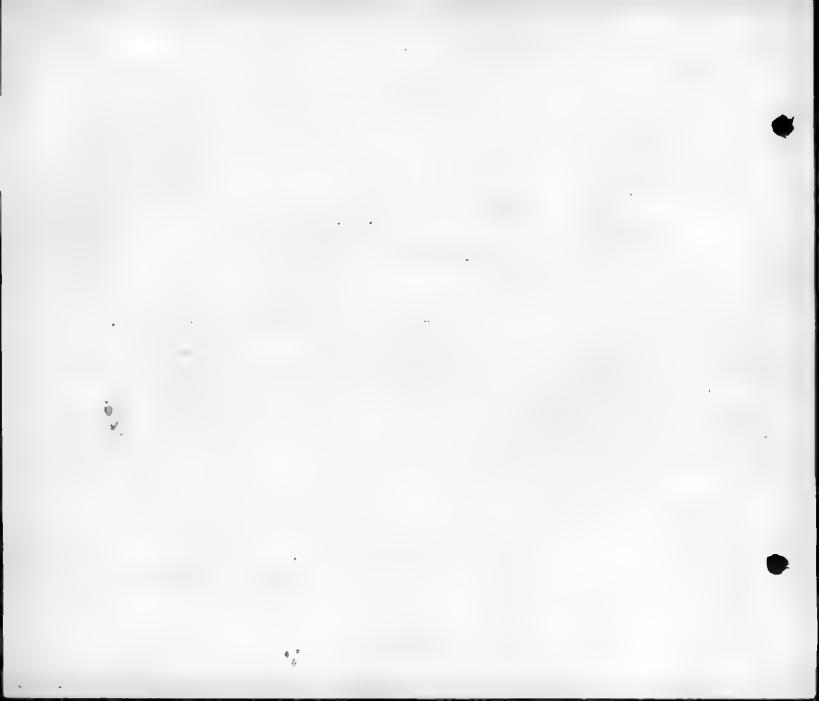
ENEEVA A. &

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a. -17/

	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	1727
correct	11728 CERTIFICATE OF DEATH Reg. Dist.	No
	I. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED:	
Y.	COUNTY Baltimore MARYLAND STATE Med COUNTY Balti	nore
fully legibl	CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN CITY (If outside corporate limits, write RURAL and or TOWN) CITY (If outside corporate limits, write RURAL and OR TOWN)	i give nearest town)
of information carefully. The death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 25 Colerance Road STREET ADDRESS 6 25 Colerance Road	Road.
matio	3. NAME OF (First) TILLIE (Middle) (Last) 4. DATE (Month) (Da) (Type or Print) MATILDA FOSTER-TRIPLETT OF DEATH: Lec 23	(Year) 19 5 5
infor ath c	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I	
m of of de		2. CITIZEN OF WHAT COUNTRY?
ite	even is retired fland, Weaver Unique Meaning to 12 allo 60 - Ma	
every item he causes of	18. FATHER'S NAME: 14. MOTHER'S MAIDEN MANE:	
P*+-	13. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of 2.19-22-1469 Mario 4. 1017. 67.5 Coford	ine Road
Supp] write	18. MEDICAL CERTIFICATION	me vivia
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
ple	Immediate cause (e) Corcussuelesse	T 4000244469420000000000000000000000000000
ans:	Antecedent cause(s)	INN
UNFADING INK. Physicians: please	Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	1
PH.	II. OTHER SIGNIFICANT CONDITIONS:	1
rH ant	Conditions contributing to the death but not related to the disease or condition causing death.	
WITH	19a. DATE OF OPERATION: 18b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
ľ, mp	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY)	Yes No
INL	SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(SIRIE)
TE PLAINLY, WITH is especially important.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	
E S	22. I hereby certify that I attended the deceased from 1954, to were 7,1953, that I last s	aw the deceased
WRITE age is e	alive on	stated above.
	28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City Jowes, or c	ounty) (State) 5;
PLEASE	Bright (Specify): Well 26. 1955 Lorrance Bolto Co.	ma.
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Solute Veule 5311 Edmond	ADDRESS
		The same of the sa





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Physicians:

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REGISTRAR

DATE REC'D BY LOCAL

Sumply every item of infurmation carefully.

MARGIN RESERVED	PLEASE TYPE OR WRITE PLAINLY, WITH UNFABING
ARGIN	WITH
M.	PLAINLY,
_	WRITE
	0.38
10 - 53 ·	TYPE
VS, A16 — 10 - 53 ·	LEABE
VS.	P

	1	1729	
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1811 463			
11730 CERTIFICATE	E OF DEATH Reg. Dist.	No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED		
county Baltimore MARYLAND			
CITY (If outside corporate limits, write RURAL or and give nearest town) Y TOWN Fort Howard LENGTH OF STAY (in this place) 3 Days	CITY(If outside corporate limits, write RURAL and OR TOWN Baltimore	3 of a /= 14	
HOSPITAL OR SOSTREET ADDRESSVeterans Administration Hospit	STREET (If rural give location) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	1	
		hy) (Year)	
DECEASED: (Type or Print) LOUIS W. VI.	ANGAS OF DEATH: December	7 1955	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED. DIVORCED, Specify): Married 3-10-	OF BIRTH: 9. AGE last birthday if UNOER 1 YE		
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William Vlangas	Georgia Doukas		
IS. WAR DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) II 219 -16-8280	Clin.Rec., Vet.Adm. Hosp., Ft. Howa	rd, Md.	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
C		ONSET AND DEATH	
IMMEDIATE CAUSE (A) LIMPHUSARUU	MA INVOLVING LYMPH NODES,		
ANTECEDENT CAUSE (S) XRXXXX LIVER AND SI	PLEEN	1½ YEARS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Perforat TO THE DEATH BUT NOT RELATED TO THE LIONS, I Leum, TO ISEASE OR CONDITION CAUSING DEATH IONS, I LEUM, TO THE PERFORMANCE OF THE PE		RECENT	
198. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State)			
OF INJURY OF INJURY T/A 21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 IF. HOW DID INJURY OCCUR?		
22. I hereby certify that X attended the deceased from Dec. 4., 19.55, to Dec. 7., 19.55, Max May Constant A			

22. I hereby 11:35M, from the causes and on the date stated above. **ADDRESS** DATE SIGNED NAME OF CEMETERY OR CRÉMATORY

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial 10-5

Greek Orthodox Cemetery

LOCATION (City, town, or county)
Windson Hill Road
Baltimore, Maryland

(State)

FUNERAL DIRECTOR **ADDRESS**

REGISTRAR'S SIGNATURE KW

Wm.Cook-Blight.Inc.St.Paul & Preston Sts.

k

4YSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

11730

11731

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAN	ND STATE Maryland county Baltimore
CITY (II outside corporate limits, write RURAL LENGTH OF S	STAY CITY (Il outside corporate limits, write RURAL and give neerest town)
OR and give neerest town) TOWSON (In this place)	Town Towson
HOSPITAL OR	STREET (Il rural give location)
INSTITUTION OR 725 Hickory Lot Road	ADDRESS 725 Hickory Lot Road
3. NAME OF (First) (Middle)	
(Type or Print) Mrs. Marie J.	Waldman December 12 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
female white (Specify) married	Oct. 13, 1895 60 yrs. Months Deys Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	1 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT
dona during most of working life, avan if OR INDUSTRY	Baltimore, Maryland COUNTRY? USA
at none	
(Heinrich)	Ji- MOTHER'S MAIDEN NAME Jinna Mina Sporer
Henry Schilling	Mina Sporer
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	
(Yes, no, or unk.) (Il Yas, give war or datas of sarvice)	Mr. W. Eugene waldman, 725 Hickory Lot
	CAL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
170 MMEDIATE CAUSE (A) MELASIC	tatic caremona Iyear
	en I la O+ harach The
	ia of left breast 3 years
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RIC: TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	•
11 C' AFICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE	
ATH BUT NOT RELATED TO THE	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, larm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, oilice bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR	
M. at work at wor	
22. I hereby certify that I attended the deceased from YO	20 15 1955, to 200 12, 1955, that I last saw the deceased
	ccurred at. M., from the causes and on the date stated above.
SIGNATURE (ADDRESS (Steel, city, town, state)
TE SUMME	17W. Jonna. aux Dec 13.1952
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEN	M. D. LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
	ood Cemetery Baltimore, Larviand
24. RECO BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATINEO, 15,1905 Malok 12-	Leonard J. Ruck, 5305 Harford Road #14
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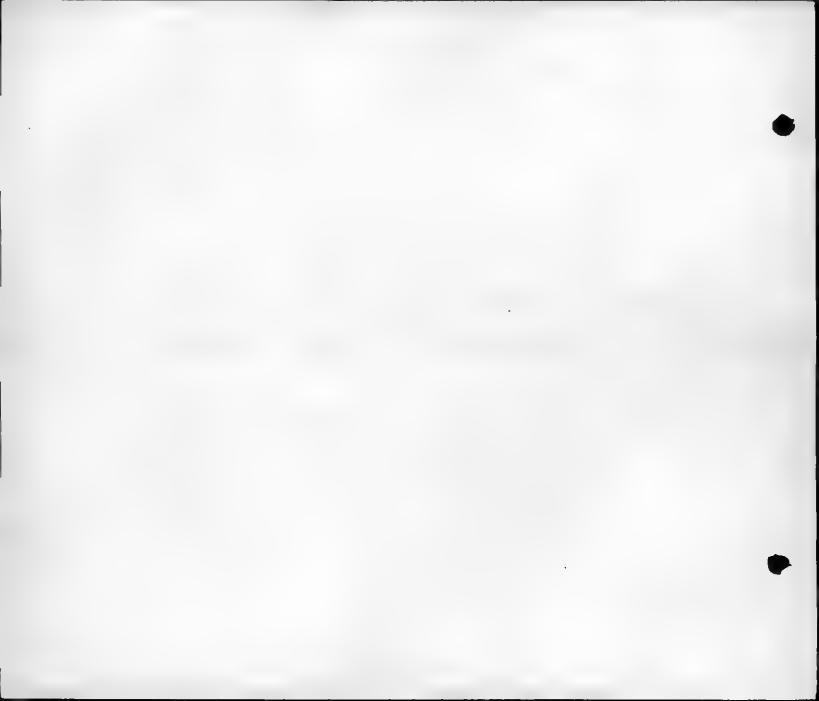
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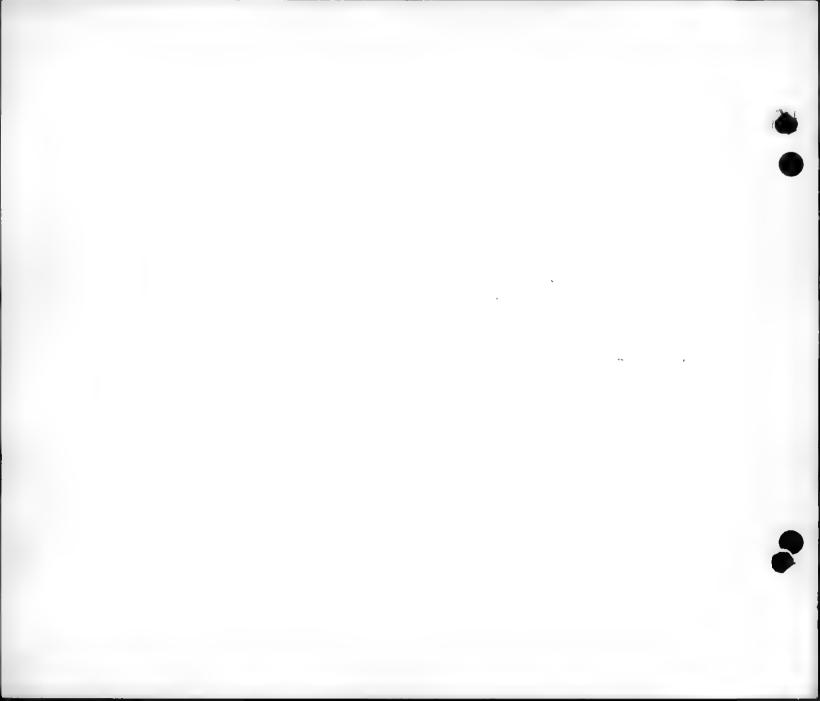
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VS. A15-10-53

201	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 13	8 11731
FI	11732 CERTIFICATE OF DEATH Reg. D	Dist. No. 33
ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEA	SED:
carefull legibly.	COUNTY 1 del to MARYLAND STATE Md COUNTY O	alto
9 7	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL	L and give nearest town)
Mon	X TOWN (in this place) OR TOWN 111 Lyndale Ave., I	Balto. 6, Md.X
Na V	HOSPITAL OR ROSE WOOD STATE Transport STREET ADDRESS , Il rural give location in the state of th	ion)
informatic	12 STREET ADDRESS	ld.
ומן	3. NAME OF (First) (Middle) (Last) / 4. DATE (Month)	(Duy) (Year)
m of i	OF DECEASED: (Type or Print) July DEATH: 12	7 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH. 9. AGE last birthday IF UNDER RACE: WIDOWED, DIVORCED, Months	
	RACE: WIDOWED, DIVORGED, 9-28-39 16 yrs. Months	Days Hours Min.
every	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
	even if retired):	SISA
Supply te the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
dup e t	Charles Walsh Alma Seeberger	
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1 .
INF se v	(Yos, no, or unk.) (If Yes, give war or dates - Posenvard St. Tr. Je	l del
200	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
DING ples	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	520 MMEDIATE CAUSE (A) hall statial humania	3 days
UNFA	ANTECEDENT CAUSE (5)	
T)	DISEASES OR CONDITIONS, IF ANY. (B)	
TH	STATING UNDERLYING CAUSE LAST. DUE TO	
WITH it. Phy	(c) Jeveral wantion due to Spartic	
4 18	TO THE DEATH BUT NOT RELATED TO THE	
INLY	DISEASE OR CONDITION CAUSING DEATH.	
ti iii	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
PL/		YES NO
(E)	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (NJURY OCCUR?) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounty) (State)
'RIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
W	OF INJURY M. at work at work	
OR.	22. I hereby certify that I attended the deceased from 3. 24, 1975, to 12 2., 1975, that I	ast saw the deceased
년 8g	alive on 12/2, 1955, and that death occurred at/2:45 AM, from the causes and on the da	te stated above.
TYPE rect ag		DATE SIGNED
	Lavrd 1. Very M.D.	_
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town REMOVAL (SPECIFY)	or county) (State)
E G	BURIAL 12-6-1793 HULY REVEEMEN BALTIMORE	6, MO.
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 24. FUNERAL DIRECTOR REGISTRAR	ADDRESS
	12 3 -> 1 15 W 12 due PHILIP E. CVACH X/16EI	MONUMENT ST



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND

(Middle)

LENGTH OF STAY

(in this place)

11733

Baltimore

CITY (If outside corporate limits, write RURAL and OR give by arrows Point Town

Russell

HOSPITAL OR INSTITUTION OR Bethlehem Steel Dispensary STREET ADDRESS

1. PLACE OF DEATH-COUNTY DO

3. NAME OF

DECEASED

(Type or Print)

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

TOWN

STREET

(Last)

Watson

8. DATE OF BIRTH

2. USUAL RESIDENCE (HOME) OF DECEASED-

ADDRESS 3201 Riverdrive Road

OR (If Butshie acqueate limits, write RURAL and give nearest town)

4. DATE

OF

DEATH

(If rural, give location)

(Month)

Maryland

Reg. Dist. No.....

čoputy Baltimore

(Day)

(Year)

1955

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information carefully.

MARGIN

death cle	6. SEX 6. COLOR OR RACE White	7. HERYLK, MARKIED, WHOWND - DIVORCED, (Specify) MARKIED,	FEBI. 1880	9. AGE last birthday	If under I year If under 24 bra Months Days Hours Min.
of dea	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State	A.	12. CITIZEN OF WHAT
the causes of	JOSEPH WA	TON		DAKNOWN -	
the ca	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes. no. of unknown) (If yes, give war or dates of service)	213-07-1670	FLORENCE L.		U971E
Write		18. MEDICAL CE	RTIFICATION		INTERVAL BUTWEEN
3 3	I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	^		ONSET AND DEATH
please	Immediate cause (a)	(oronany !	Occlusion) 	Sm.y.
Physicians; pl	Antecedent cause(s) Disease or conditions, If any. giving rise to the above cause stating the underlying cause last			1990 O Salamada (O 1990 A Dalada a dare simb e assen e d' e qua e a sur e	
2	(e)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition dausing deat				
important.	19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			Yes No E
, imp	PRIMARY ON CONTRIBUTING OF CAUSE OF DEATH.		(CITY OR		COUNTY) (STATE) /
especially	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not while work at work	HOW DID INJURY O	CCUR?	
is esp	22. I certify that I took charge of the rema obtained by said Autopsy, Inspection of from: natural causes of accident	Inquiry, find that said dece], suicide [], homicide [],	ased died on the dry sta undetermined	Inquiry there ted above, and death	in my opinion resulted
	SIGNATURE MA	Dup had. &	address Win	int. uv h	DATE SIGNED
	21. RI RIAL, CREMATION DATE THEREO	55 DAIC	RY OR CREMATORY	BALTO: C	o. Md.
	DATE REC'D BY LOCAL REGISTRAR'S Nawson	SIGNATURE	24. FUNERAL DIRECT	OR Market 19	ADDRESS
				í	

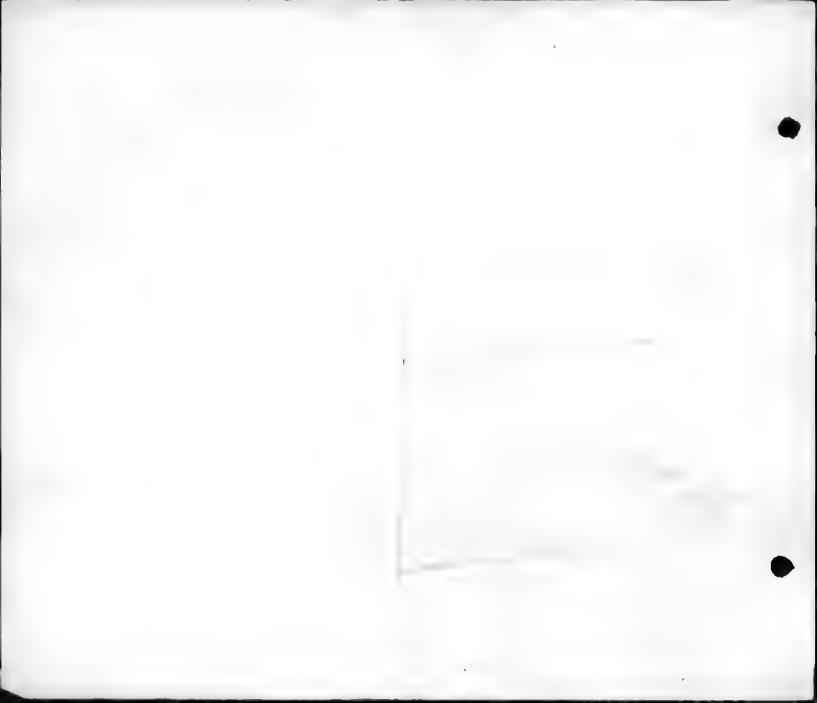
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BUREAU V. S.

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00 - 01	TYPE (
VS. A10 — 10 - 65	PLEASE

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 1 7 2 4		
	11734 CERTIFICATE OF DEATH Reg. Dist. No		
,	Item 12, F1/mG190 12-27-55 et		
Ыy	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:		
legi	COUNTY SUCCESSION MARYLAND STATE / COUNTY		
ָם ק	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and live need town) OR OR		
pus	TOWN Calousvelle TOWN Galtimore 34.		
	HOSPITAL OR STREET ADDRESS ADDRESS		
clearly	STREET ADDRESS Youse in Twee 809 Cashederal Sty		
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)		
death	Type or Print: MORRIS WEINSTEIN DEATH: /2- 19-19-19-19-19-19-19-19-19-19-19-19-19-1		
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Marthal Days House Marthal Days House Marthal Days House Marthal Days House Marthal Days Marthal Days		
jo :	Male white registrated T6 yrs. Months Days Hours Min.		
causes	IOA. USUAL OCCUPATION (Give kind of 10m KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work fone during most of working life. OR INDUSTRY:		
cau	event rained country of the U.S.A.		
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:		
	Morris not know		
write	15. WAS DECKASED EVEN IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. J7. INFORMANT & ADDRESS:		
	(Yes, no, or unk.) (If Yes, give war or dates of service)		
ease	18. MEDICAL CERTIFICATION INTERVAL BETWEEN		
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
**	444 2X IMMEDIATE CAUSE (A) Ocata bulmoney Congestion 3da.		
an	DUE TO		
Physicians	DISEASES OR CONDITIONS, IF ANY, (B) Marandial Pransleine Ruck.		
hy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
	(c) Cha. H. Austraine C. V. B. Disanne 522. ?		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
ДШ	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?		
	YES NO Z		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)		
ds	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
28	OF INJURY While Not while at work at work		
ge i	22. I hereby certify that I attended the deceased from 2 29, 1955 to 12-19, 1955, that I last saw the deceased		
8	alive on 12.18, 1953, and that death occurred at 6 A M, from the causes and on the date stated above.		
Ç	SIGNATURE DATE SIGNED DATE SIGNED ,		
correct	Wilman K. Jallager M. D. 6209 Fredrich Rd. 1341. 28. 12/19/55		
5	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State)		
	Queial 12-20-15 united review Party (new		
	DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE REGISTRAR REGI		
	Dun 1		



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Physicians

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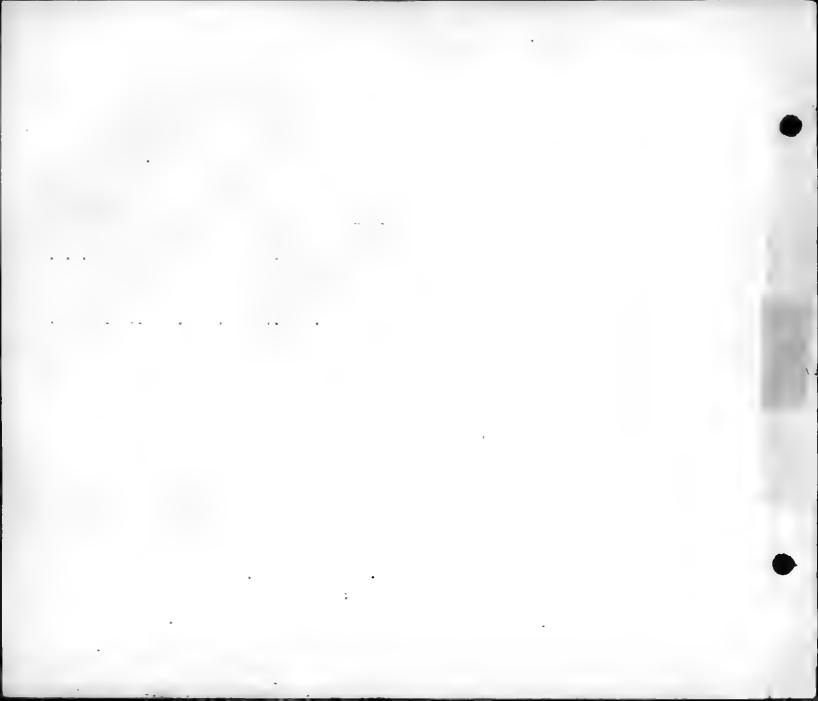
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death

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11735				
11735 CERTIFICATI	E OF DEATH Reg. Dist.	No. 9 4		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) Y TOWN Fort Howard LENGTH OF STAY (in this place) LENGTH OF STAY (in this place) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL at OR	nd give nearest town)		
	Town Baltimore	7.7. 1. y		
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Veterans Administration Hospi	STREET (If rural give location) ADDRESS tal_ 2303 Edmondson Ave.	,		
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (E	Duy) (Year)		
(Type or Print) WILLIAM (NFIL) W	ELLS DEATH: December			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 6-21	9 AGE last birthday 17 UNDER 1 VI Months De	Ays Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY;	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
even if retired): Longshoreman	Hobson, Virginia	U.S.A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Orano Wells	Nettie Hall			
(Yes, no, or unk.) (If Yes, give war or dates Yes of service) WW 1	Clin. Rec., Vet. Adm. Hosp., Ft	.Howard, Md		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN		
41 4	NTO OCINCIAL LITTIE TEMACENCE	ONSET AND DEATH		
IMMEDIATE CAUSE (A)	NIC CARCINOMA WITH METASTASES	1 YEAR		
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	<u> </u>			
DISEASE OR CONDITION CAUSING BEATH.	HYPEPTR^PHI			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
11/21/55 METASTATIC CARCINGMA IN		YES NO X		
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)		
OF INJURY VA (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCURY			
22. I hereby certify that I attended the deceased from Oct. 4030,1955, to Dec. 17., 1955, that I dank your the deceased				
DAVID H. PATTER A.D. ADDRESS DATE SIGNED M.D. FORT H.VA.DD. 12-18-55				
	ERY OR CREMATORY LOCATION (City, town, or			

IMM ANTECE DISEASES OF GIVING RISE STATING UN II OTHER SI TO THE DI DISEASE 19A. DATE OF 21A. ACCIDEN (IF EITHER, NO 21b. TIME (MOOF INJURY 22. I hereby alive one DAVID H 23. BURIAL, REMOVAL (SPECIFY) 12-21-55 Baltimore, Ild. Baltimore National Cemetery 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** DATE REC'D BY LOCAL REGISTRAR Cooper Funeral





TO ATTINDING PHYLICIAN OR HOSPITAL: The law require that the death certificate be executed within 24 hours after death. INSTRUCTIONS

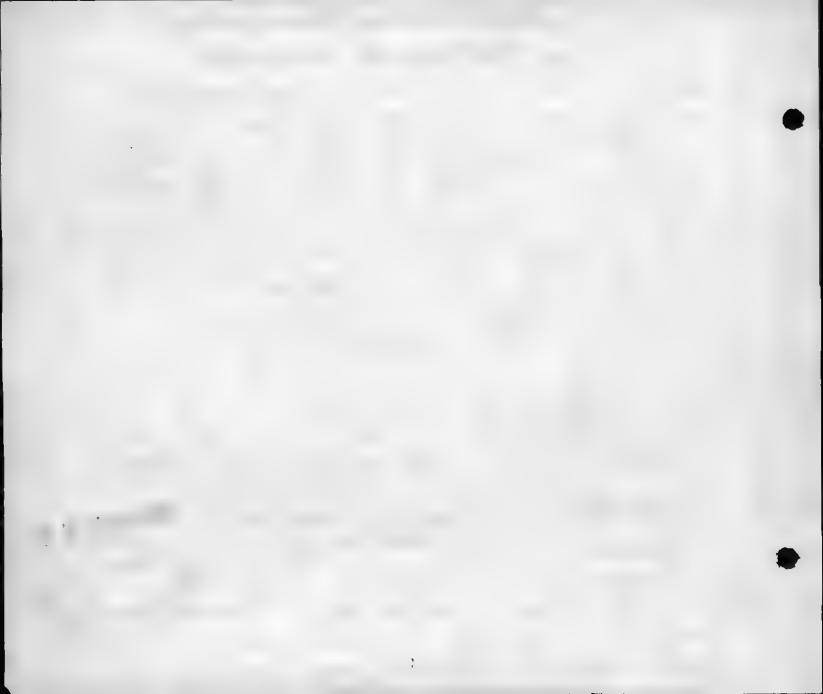
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12576

CERTIFICATE OF DEATH 11737

Reg. Dist. No. 4 0

	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Baltimore	STATE Md. COUNTY Baltimore
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (# outside corporate fimits, write RURAL end give neerest town)
	OR and give nearest town) TOWN (in this place)	OR TOWN
	· Full Elel on 1/W/3	Cockey SULLIC X
	HOSPITAL OR INSTITUTION OR	STREET ADDRESS (if rurel give location)
	" STREET ADDRESS SILVEH Spring 18d	YORK Rd
	3. NAME OF (First) (Middle)	(Lest) (Dey) (Yeer)
	(Type or Print) I da Nora W	ilhelm Dec. 3 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	Fewale While (Specity) Widowed The	Bruary 1874 8 yrs. Months Days Hours Min.
	108, USUAL OCCUPATION (GIVE XING OF WORK) 100, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
5	dane during most of working life, even file OR INDUSTRY	Beckleusville Md. COUNTRY? A
-4		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Voka Hamp SAINE	Sophie = Derg
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS / OSC Edith Miller
-	(Yes, no, or unk.) [If Yes, give wer or detes of service]	Voughter Fulletton Md.
-	18. MEDICAL GER	TIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	IMMEDIATE CAUSE (A) Arterio Scher	otic Cardio vascular discare 3 yrs
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3		YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		21f. HOW DID INJURY OCCUR?
	M. at work Not while	
	22. I hereby certify that I attended the deceased from July	, 195 3, to Dec , 195 5, that I last saw the deceased
10 M	SIGNATURE /	ADDRESS (Speet, city, town, state) DATE SIGNED
	Malfu). Kees M.D.	Cocheysville med 3 Dec. 1955
1.55	23. BURIAL, CREMATION, . DATE THEREOF NAME OF CEMETERY OR	
A13C	REMOVAL (SPECIFY) (12-16-15) FOSCITETI	Baptist 2 18Acree Baltalaning
٧5 /	24. REC'D BY REGISTRAR REGISTRAR SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	12-5-5-5 VINVINION	Thought add back 1011d
-	DATY DE OF OUT	7-0 11 11 11 11 11 11 11 11 11 11 11 11 11



(Yaar)

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? YES 🗌

NO X

(Stata)

DATE SIGNED

ADDRESS 305

(Day)

Days

12. CITIZEN OF WHAT

COUNTRY?

DATE



In this place the Catensville A TOWN (If rurel give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS 71h2 Martell Avenue Spring Grove State Hosp. STREET ADDRESS (Middle) 4. DATE (Month) (Dey) 1955 NAME OF (Lest) DECEASED Wilson Katherine DEATH (Type or Print) Mary 19 IF UNDER 24 HRS 5. SEX 6. COLOR OR 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR WIDOWED, DIVORCED, (Specify) 10, 1885 Months Hours Tune. Tenal e 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTY done during most of working life, even if retired) Heramowille OR INDUSTRY Penna., V.S.E. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Menahan James WELLES FREDERICKSON. 17. INFORMANT & ADDRESS GOUTE WILLOW 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (if Yes, give wer or daies of service) 71h2 Martell Ave., Balte, Md. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Bronchonneumonia / IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(5) Inamition and dehydration 1_monti DISEASES OR CONDITIONS, IF ANY, the attending p GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Achalasia (cardiospasm) of esophagus II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TO THE DEATH BUT NOT RELATED TO THE Rt eystic hydronephrosis due to old operative gear pe 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not while at work et work 12 - 4 19 55 that I last saw the deceased 22. I hereby certify that I attended the deceased from 10-12 55...., and that death occurred at 2.00kM, from the causes and on the date stated above. ADDRESS (Sireet, city, town, stete) DATE SIGNED 12mle 55 Spring Grove Mespital

death certificate 1-55 10M

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completely

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physician death

IRECTOR: The law requires that the been executed by the attending phy

copy may be retained

FUNERAL DIRECTOR:

has

certificate

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certificate

or attending

REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY SACRED HEART

7401 GERMAN H FUNERAL DIRECTOR'S SIGNATURE 9 01 5. CON ? BALTO . . 2.4. MD

LOCATION (City, town, or county)

• « and a

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11740

11740 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH	2. UBUAL RESIDENCE (HOME) OF DECEASED		
COUNTY BUILTO MARYLAND	STATE MULLIPLEUCOUTY BUILT		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
OR end give neerest town) (in this place)	OR TOWN 1 +1		
HOSPITAL OR	VIII WELVELLE		
INSTITUTION OR	STREET (If rural give location) ADDRESS		
STREET ADDRESS			
3. NAME OF (first) (Middle)	(Lasi) 4. DATE (Month) (Day) (Year)		
(Type or Print) GEORGE - H - W	ISNER DEATH DER 14 1955		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. E	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR		
	26/11-1916 39 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If OP-INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
retired) Harriet Harre	Marylund Country A		
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
7/1/21/21/11/2011	8 Vizal of 21 1		
W = 17 Wester	augueth a Hedrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yas, no, or unk.) (If Yas, give war or dates of service)	NO. 17. INFORMANT & ADDRESS		
214-14-6	6469 Mrs Les H verus, Luthewill M		
10. MEDICAL	L CERTIFICATION INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
IMMEDIATE CAUSE (A) Lancey of	CO 101 14 MD		
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION , 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
1900 (unce)	YES NO D		
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED	21/. HOW DID INJURY OCCUR?		
M. While Not while at work			
IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 210. ACCIOENT WAS UNDERLYING OF INJURY STREET, OF INJURY OCCUR? 210. ACCIOENT WAS UNDERLYING OF INJURY OF INJURY (Month) (Day) (Year) (Hour) 210. PLACE (Home, Ferm, factory, OF INJURY OCCUR? (City or town) (Country) While Work at work			
Dennett a. Were mo	Kulhansino Mad salulli		
23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETE	RY OR CREMATORY LOCATION (City, lown, or county) (State)		
Bures Bell 13 Horas	A Baptist day BOUT SO "MI		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
12=11 CC MANUR 51	2 80 37/+ 7km h.t		
DAIE , 18-25 1. 1 mm 19. 5111	a can experience is accepted in		
	ned		

1 V W. A. W.

1 1

ADDRESS Id

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11841 CERTIFICATE	E OF DEATH Reg. Dist.	No 4 /
71. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
OR and give nearest town) Town Fort Howard 1 Day	TOWN Baltimore	3 VO 1-4
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS eterans Administration Hospit	41 ADDRESS 410 N. Madeira Street	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4, DATE (Month) (E	ny) (Year)
(Type or Print) WILLIAM J. WI	TTIG DEATH: December	11. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday 1r under 1 vi	
Male White (Specify): Married 11/30)/14 41 yrs. Months D	Hours Min.
10A. USUAL OCCUPATION (Give kind of NOR KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired):Laborer Baltimore City		S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Wittig	Lillie Mae Gross	
18. WAS DECEASED EVER IN U.S. ARMED FORGEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or ank.) (If Yes, give war or dates of service) WW II Unknown	Clin.Rec.Vet.Adm.Hosp.,Ft.Howa	rd.Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
TO 2 YMMEDIATE CAUSE (A) URENTA		
ANTECEDENT CAUSE (S) DUE TO CHRONIC GIO	MERULONEPHRITIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	<u> </u>	
The Ball of Great St.		YES NO
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. VHERE DID (City or town) (County etc. INJURY OCCUR7	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	-
22. I hereby certify that A attended the deceased from Nov.	30., 1955, to Dec. 1, 19.55, Mulcichast	SDE CONTROL CO
SIGNATURE Ques 100000 and that death occurred at	11:35PM, from the causes and on the date s	stated above. E SIGNED
JAMES J. NOLAN M.D.	.D. VAH, FORT HOWARD, MARYLAND ERY OR CREMATORY LOCATION (City, town, or	12-1-55 county) (State)
REMOVAL (SPECIFY) DEC / 1955 Oak Tawn Con		

24. FUNERAL DIRECTOR

Vim.Cook-Blight, Inc. 6009 Harford Rd., Balto

VS. A15-10-53

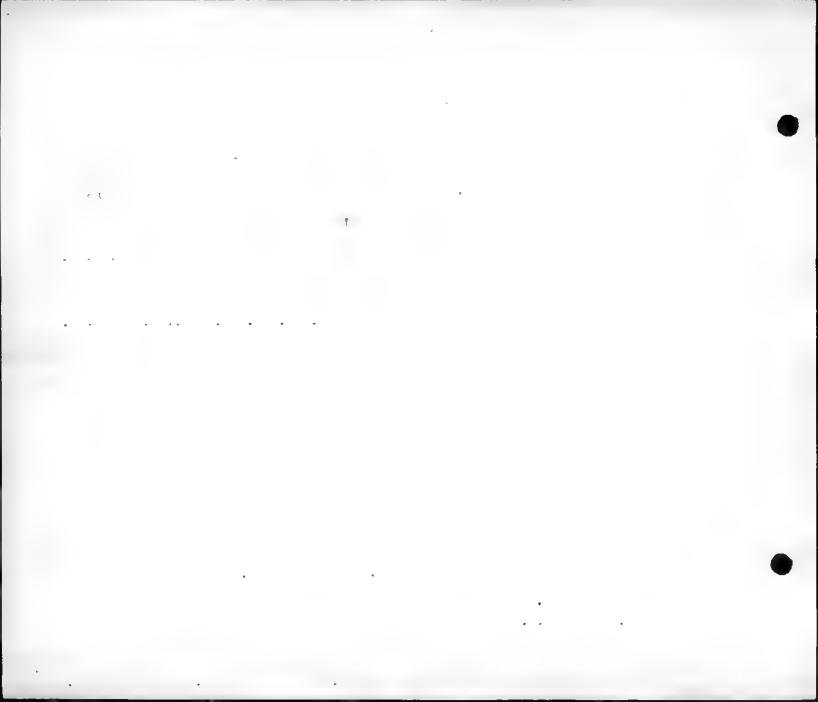
correct age is

DATE REC'D REGISTRAR

PLEASE TYPE

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING



DEC 14 1822

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11744 CERTIFICATE OF DEATH

Reg. Dist. No. 33

11744

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
COUNTY BALTIMORE	MARYLAND	STATE MARY	AND COUNTY B	017 111173
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corposa	te limits, write RURAL end give	nearest town
OR and give neerast town) TOWN PISTERSTOWN	(in this place)	OR TOWN TO		
HOSPITAL OR-	1 27 975.	/\E1.3/.	EKSTOWN	X
INSTITUTION OF		STREET / ADDRESS	(If rurel give location	on)
STREET ADDRESS CHURCH ROAD		CAUR	CH MOAD	
DECEASED	Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) EMMA -	- YIN	GLING	DEATH TECE	nBER 16 19 5:
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE	OF BIRTH 9.	AGE lest birthdey IF UN	DER 1 YEAR JIF UNDER 24 H
TEMPLE WAITE MOOWED, DIV.	ORCED, MAY	20, 1874	8/ yrs. Month	Beys Hours M
	D OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY	at the same of the	Country	COUNTRY?
11003511615		MARYLAND		UIS
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
LOUIS BACHMAN		ELISE K	FRN	
	SOCIAL SECURITY NO.	17. INFORMANT & AC		
(Yes, no, or unk.) (If Yes, give war or detes of service)	none	HESBAND	- SAME ADT.	RESS
4 NO	18. MEDICAL CE			INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,			ONSET AND DEATH
422 IMMEDIATE CAUSE IN JUL MONARY EDEMA			10 HR	
ANTECEDENT CAUSE(S) DUE TO		A		4
DISEASES OR CONDITIONS, IF ANY, (8)	PTENIOELE	ROTIC C:V.	DISEASE	10 YR
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
A ACCIDITY WAS UNDOUGHOUS TO I AND THE STATE OF				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, or	, ferm, fectory, ffice bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (C	County) (Stele)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR		
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Not white	211. HOW DID INJURY OCCUR	14.5	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. While M. at wa	Not white at work		, S ₂	A I last ann tha
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. While M. at wo 22. I hereby certify that I attended the decea	sed from APRI	4, 1948, to JAC		t I last saw the deceas
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While At wo 22. I hereby certify that I attended the decea alive on 19.55, and	sed from APRI	4., 19.48., to DEC	1955, tha	aled above.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. White at we are alive on 19.00 and 19.00 an	sed from APRI that death occurred a	4., 19.48., to DEC		aled above.
21d. Time OF INJURY (Month) (Day) (Yaar) (Hour) 21d. While M. at wo 22. I hereby certify that I attended the decea alive on 15 miles (1955), and SIGNATURE	sed from	19.48 to 1 FC	uses and on the date st	ated above. DATE SIGN
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. While American America	sed from	19.48, to JEC 11.2.15 M, from the ca ADDRI RESTERS TOWN	uses and on the date st	DATE SIGN:
21d. Time of injury (Month) (Day) (Year) (Hour) 21d. Time of injury (Month) (Day) (Year) (Hour) 21d. While at we are alive on 15 mm. 19 mm. and SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Dec 19 1955	sed from	19.48 to 1 FC	uses and on the date st	ated above. DATE SIGN
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. While American America	sed from	19.48, to JEC 11.2.15 M, from the ca ADDRI RESTERS TOWN	uses and on the date st ESS (Street, city, town, stete) LOCATION (City, town, or con Baltimore GNATURE	aled above. DATE SIGN: (State) ADDRESS

AND STATE DEPARTMENT OF MEASURE STATE OMN SYNAM.

MYARG ROUTE OF DEATH

With the state of the state of

35 F 53 36 B

BUREAU V. S. DEC SS 1822

1 - 1

REGISTRAR'S SIGNATURE

R.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY CITY(If outside corporate limits, write RURAL and give pearest town) (If rural give location) 1843 Presstman Street 4. DATE (Month) (Year) DEATH: December 9 9. AGE last birthday IF UNDER ! YEAR | IF UNDER 24 HRE. Monthal Days 11. BIRTHPLACE (State or foreign country) : 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U. S. A. CLIN.REC., VET.ADM.HOSP., FT. HOWAR D. MD ONSET AND DEATH CARCINGMA OF STOMACH WITH METASTASES TO LIVER 9 MON THS 20. AUTOPSY Exploratory Laporatomy 21A. ACCIDENT WAS UNDERLYING | 218. PLACE (Home, farm, factory, OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. (County) 21c. WHERE DID (City or town) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While at work at work 22. I hereby certify that \$ attended the deceased from Nov. 17., 1955, to Dec. 9..., 1955, their deceased above. DATE SIGNED SIGNATURE M. D. VAH FT. HOWARD ND 12/9/5 DONALD D. MARI DATE THEREOF

24. FUNERAL DIRECTOR

mrs Kater Rwilliams

Katie R. Williams

Bal timore, Maryland

ADDRESS

322 N. Schroeden

Balto. Md

965 Baltimore National

OR

correct

OF INJURY

REMOVAL (SPECIFY)
Burial

DATE REC'D BY LOCAL

ne lev 10.1955

EGISTRAR

